American Optometric Association
NEWS™

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Volume 50 April 2012 No. 10

Third-party advocacy plays pivotal role in gaining coverage for OD medical eye care for Chrysler workers

Fiat 500s and redesigned Dodge Darts aren't the only news at Chrysler Group, LLC. All active and most retired employees of the nation's third-largest automaker now have insurance coverage for medical eye care services provided by optometrists.

The Chrysler Group, LLC, Health Care Benefits Program, which provides major medical coverage for all of the automaker's salaried and hourly workers, began accepting claims from optometric practices for eye care services on March 1, according to Blue Cross/ Blue Shield of Michigan, the company's benefit plan administrator.

Until now, Chrysler employees could see optometrists only for vision care.

Most Chrysler United Auto Workers (UAW) retirees have had coverage for optometric medical eye care since April 1, 2011, through the UAW Voluntary Employees' Beneficiary Association (VEBA), a joint self-funded retirement trust established in 2007 for former employees of the nation's big three automakers (see *AOA News*, April 2011). More than 720,000 auto industry UAW retirees and their families covered by the UAW VEBA program can access their optometrists for medical eye care.

With the recent actions by Chrysler and the UAW trust, more than 29 million Americans have gained access to eye care in optometric practices as the result of a two-decade AOA Advocacy Group program to encourage coverage by managed care and employer-based health plans.

"This is a huge victory for optometry's patients," said Peter M. Agnone, Jr., O.D., a member of the AOA Third Party Center Executive Committee and the Michigan Optometric Association Third Party Committee, who played

See Chrysler, page 22

AOA, OAA form SUN alliance

Citing the public health concerns of ultraviolet (UV) damage to the eyes, the AOA and the Opticians Association of America (OAA), with sponsorship from Luxottica and The Vision Council, have formed a SUN alliance designed to empower practices and businesses with the training and information needed to educate and prescribe appropriate sun protection for every patient.

At a press conference March 22, representatives of the four organizations outlined how they will collectively embark on a comprehensive training program created to help eye care professionals deliver a lifetime of outdoor eye protection.

See SUN, page 38

There's more to 3D than meets the eye

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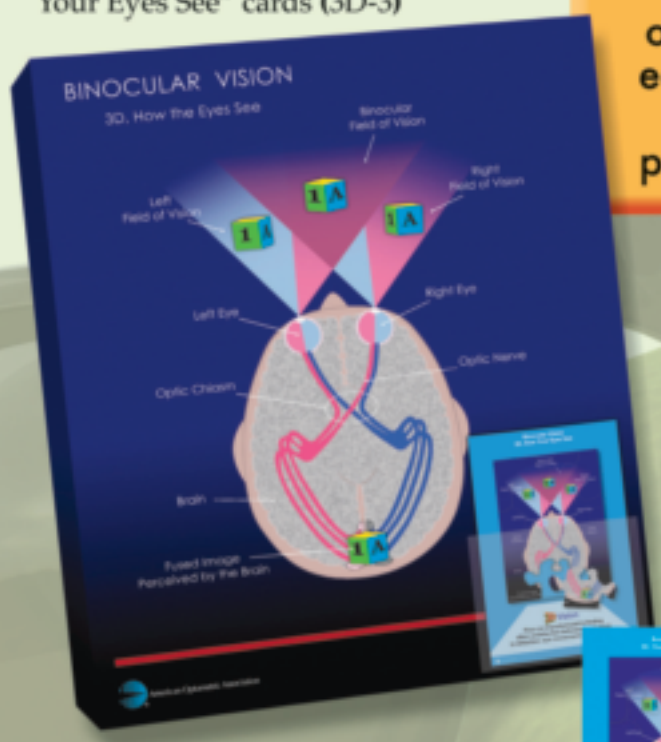

3D-K Includes 100 3D-2 "There's More to 3D Than Meets the Eye" pamphlets

3D-3
"How Your Eyes See"
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American Optometric Association

AOA provides new optometrists with tools for success

The AOA provides a lifetime of professional support for you as a member optometrist, and that support is needed more than ever during the first years in practice. As tough as optometry school may be, you are likely to find the learning curve is never greater than when you attempt to enter practice and begin navigating the daily challenges of practice management and patient care.

In school, you have a support network of faculty, staff, and fellow students. As a new optometrist, your membership in the AOA provides access to a vast network of resources and more than 36,000 optometrists working together to support the profession, each other, and you.

The AOA understands the pace of a typical day seeing patients may leave you with barely the time to breathe, much less time to surf the Web looking for answers to questions not addressed in optometry school. That's why the AOA gives 24/7 access to the answers and resources you need at *www.aoa.org*.

Whether you need help developing a successful business plan, learning what you should know before signing an employment agreement, or referencing the guidelines for specific patient care, the AOA can assist. Listed here are some valuable resources and education the AOA offers to help prepare for a lifetime of success.

Career services

❖ **Optometry's Career Center® (OCC)**
Free to all members, the OCC is the premier professional development resource for optometry where you'll find job opportunities, salary negotiating/information, career coaching services, resume and cover letter services (writing/ critiquing) and more.

Use it to post your credentials, prep for interviews, and access opportunities nationwide – all without paying recruitment fees (*www.optometryscareercenter.org*).

Join Optometry's Career Center® at Optometry's Meeting® for Pathways – Unplugged. This four-hour event offers an "open mic" of opportunities, information, and insights for employers and candidates.

If you have questions about life after optometry school or you're looking for the perfect career opportunity, don't miss this career-building event.

Pathways – Unplugged will be presented by Chad Fleming, O.D., and Ryan Parker, O.D., at Optometry's Meeting®.

Register for course 0205 online at *www.optometrysmeeting.org*. Optometry's Career Center® is supported by a grant from Marchon® and Optos®.

❖ **Free Business Cards**
Make your presence known. Second-year and fourth-year students receive a free set of 250 personalized AOA member business cards to use for networking and business referrals.

Order at *www.aoa.org/cards*. The cards are made available through an educational grant from Alcon®.

❖ **Career Advocate for the New Practitioner**
Ease the transition from college to career with the business basics of optometric practice.

This start-to-finish primer explores career options, modality selection, joining, buying or starting a practice, and managing finances. Resources include:

❖ Guidelines for choosing the best location to practice
❖ Developing a successful business plan
❖ Template for a simplified business strategy
❖ Step-by-step negotiation strategies

Learn more at *www.aoa.org/careeradvocate*.

❖ **Resource Guide for Employed/Affiliated ODs**
Culled from the experience of practicing employed/affiliated doctors of optometry, this downloadable guide was written to help you enter the optometric job market or change your mode of practice.

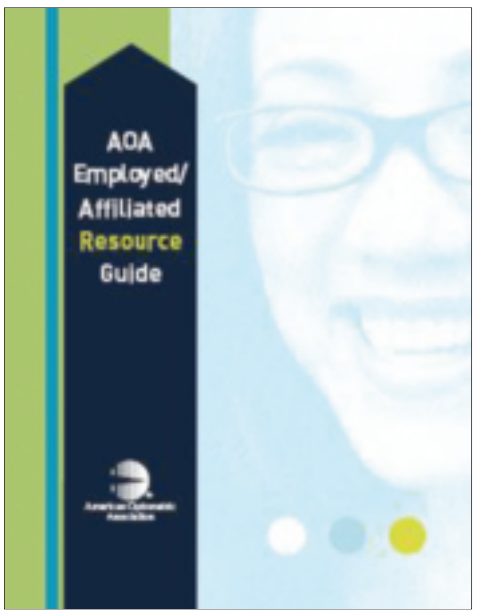
Topics include loans, sharing employees and services, patient records, professional judgment, advertising, and access to the office, in addition to the following:

❖ Factors to consider before signing a contract, employment, franchise or lease agreement
❖ Negotiating and terminating a lease
❖ Understanding the difference between an employee and an independent contractor.

Learn more at *www.aoa.org/manualsandguides*.

❖ **AOA Practice Pathways Program at Optometry's Meeting®**
Thinking about joining or buying an existing practice? The AOA Practice Pathways program is a two-part series for buyers and sellers that will give you the facts you need to successfully transition a practice.

A doctor who has been there will teach you the process of practice ownership, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients.



Resource Guide for Employed/ Affiliated ODs

The series covers practical knowledge, legal, financial and tax aspects. Part I covers the Principles of Practice Transfer and is presented by Chad Fleming, O.D. Part II covers Preparing for Your Transition with roundtable discussions.

The program will be held at the 2012 Optometry's Meeting®. View the latest schedule and register for courses 1043 and 1083 online at *www. optometrysmeeting.org*. The program is supported in part by Wells Fargo Practice Finance.

Access Practice Pathways support information for practice transition at *www.aoa.org/practicetransitions*.

American Optometric Association

243 N. Lindbergh Blvd.
St. Louis MO 63141
(800) 365-2219
www.aoa.org

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AOA News Staff
www.aoanews.org

Tracy Overton
MANAGING EDITOR
TLOVERTON@AOA.ORG

Bob Pieper
SENIOR EDITOR
RFPIEPER@AOA.ORG

Matt Willette
WASHINGTON DC EDITOR
MWILLETTE@AOA.ORG

Laurie Bergman
SOCIAL MEDIA MANAGER
LWBERGMAN@AOA.ORG

Bob Foster, ELS
ASSOCIATE DIRECTOR,
PUBLISHING/SOCIAL MEDIA
RAFOSTER@AOA.ORG

Renee Brauns
Chief Operating Officer
RABRAUNS@AOA.ORG

Advertising

Display Advertising
Aileen Rivera
Advertising Sales Representative
Elsevier
360 Park Avenue South
New York, NY 10010-1710
(212) 633-3721
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Do something spectacular!

I'm sometimes asked, "Why on earth do you live where you live?" I thought of this the other night as I was driving and my entire view to the north was filled with the Northern Lights. They are spectacular. My best memories of growing up revolve around lying in the grass late at night watching nature perform for me. The lights dance across the northern sky and sometimes even into the Southern Hemisphere like flames of a fire. Usually they are shades of green but once I saw them dancing in shades of red – those were truly incredible. I grew up assuming I could always look forward to watching those Northern Lights... and then I moved away from northern Minnesota.

Some of you know Mark and I were recruited to North Dakota by a little town looking for an optometrist. In the end they got two! Yet, when we were starting to be serious about moving from the Pacific Northwest to North Dakota we looked at Sherry Cooper's maps. We didn't know who Sherry was at the time, but she works for the AOA and is the keeper of the maps of privileges for optometry. Those maps are a geographical representation of the scope of privileges for optometry in each of the states. At that time, the maps showed North Dakota would allow us to write prescriptions for medications that many states did not – including my home state of Minnesota. We decided that if we could use the knowledge we had learned in our residencies – we would move there. That SINGLE factor was a key decision-maker for us.

After we made the move it was a great experience to help the state association add the treatment of glaucoma to our prescribing privileges – something we had been able to do while working in the VA. And wasn't that, after all, what all optometrists aspired to do – take care of the needs of our patients and use ALL aspects of our education?

You know far more about comprehensive eye care than general physicians who did a two-week rotation in the eye clinic during their residency.

Fast forward 22 years and I'm visiting with a couple of pharmaceutical-based industry partners. Some startling facts came up in the conversation:

- There are a little over 38,000 licensed ODs in the United States
- 12,000 of those ODs write 80 percent of the prescriptions for medications.
- The next 5,500 write 10 percent of the scripts.
- SO, 17,500 optometrists write 90 percent of all prescription medications.
- Optometrists in rural areas write five times more prescriptions for glaucoma than doctors in urban settings.
- Dry eye and allergy are two of the most prevalent conditions seen by ODs that have safe and effective prescription treatments, yet in the past 3 months: 13,000 ODs did not write a single prescription for an allergy medication, and 19,000 ODs did not write a prescription for the only Food and Drug Administration-approved product for dry eye.
- In 2011, primary care MDs prescribed more ocular allergy medications than either optometry or ophthalmology. That would be the same doctors who prescribe medications like sulfacetamide for those green mattery conjunctivitis cases.

I go to a lot of meetings and hear about the refractive model or the medical model of optometry. I think we owe it to our patients, and our practices, to have a more "comprehensive model."

There are plenty of patients who walk into our offices on a daily basis and have multiple concerns (refractive AND medical) – we just need to know those concerns. Taking a comprehensive case history about their general health, past ocular health and allergies allows us (optometrists) to position ourselves as a more knowledgeable profession about ALL aspects of a patients' care.

Unless you ask the questions, you won't find out what the problems are and how you, the optometrist, might be able to help your patient. Take charge of ALL aspects of your patients needs and don't be afraid to write that prescription when necessary. You know far more about comprehensive eye care than general physicians who did a two-week rotation in the eye clinic during their residency.

Dr. Carlson

In the land of little traffic I have time to think when I drive and especially on the nights when I'm watching nature. On those nights I think two things:

1. I'm thankful to live and work in a place that allows me to use ALL of my education – including the education I've attained as a seasoned clinician.
2. Seeing the Northern Lights is a spectacular reminder that I'm HOME!

This year do something spectacular! More importantly, do something spectacular for your patients!

Dori Carlson, O.D.
AOA president

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CMS offers 5010 tips for practitioners

Although the U.S. Centers for Medicare & Medicaid Services (CMS) has announced it will not enforce compliance with the federal government's ASC X12 Version 5010 software requirement until June 30, 2012, health care practitioners should act now to ensure a smooth transition, agency officials said.

In a website posting last month, CMS officials emphasized practitioners should check with their billing services and other business partners now to ensure they will have 5010 software in place and will be ready to conduct transactions with the software, according to the CMS.

Practitioners should then test the use of the software with those businesses to file test claims and test other transactions.

When practitioners find a business partner does not have 5010 software in place, they should ask when the business plans to implement the software and then schedule testing, agency officials said.

Because cash flow disruptions could occur as the result of the transition to 5010 software, the CMS also recommended health care practitioners consider establishing or increasing a line of credit with a bank or financial institution to ensure adequate working capital.

"By doing so, they can prepare for possible delays and denials in payer claims reimbursements if noncompliant Version 5010 transactions are submitted," CMS officials said.

"Although much progress has been made in the successful receipt and processing of claims in the Version 5010 format, CMS is aware that there are still challenges and issues impeding an industry-wide upgrade," agency officials noted.

AOA members can find additional information as well as a direct link to the CMS ICD-10 page on the AOA 5010 webpage (*www.aoa.org/5010*).

Send letters to:
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Simply log in with your member number (or email address) and password (your six-digit birthdate) and click on Communities.

Hawthorne files for re-election

Hilary L. Hawthorne, O.D., has filed for re-election to the AOA Board of Trustees.

Dr. Hawthorne was officially appointed to the AOA volunteer structure in 2006. She has been active in committees including the AOA Communications Advisory Group and served as chair of the Credentials Committee and the Hispanic Communications Project Team from 2008-2009.

In 2007, she served as the AOA's spokesperson in promotion of the American Eye-Q® survey and has done numerous media interviews on behalf of the profession.

Currently, Dr. Hawthorne serves as the liaison trustee to the Communications Group Executive Committee, the Hispanic Communication Project Team, Optometry's Image Coordinating Committee, Social Media Committee, and Contact Lens and Cornea Section. She also serves as liaison to the dean, president and faculty representatives from the Southern College of Optometry and University of Alabama at Birmingham School of Optometry.

Previously, she had served as liaison trustee to the Paraoptometric Executive Committee, Council on Research, and the Optometric Extension Program. Her previous role as board liaison to the affiliate state associations included Alabama, Florida, Georgia, Mississippi, and South Carolina.

Dr. Hawthorne is a past president of the California Optometric Association (COA). As a member of the COA Board of Trustees, she has been involved with many aspects of the COA, including the Public Vision League, the Vision West Advisory Board, Communications Committee, and the Education Committee. Dr. Hawthorne remains involved as a COA volunteer serving on the Legislation and Regulation Committee and the California Optometry Editorial Board and as an education consultant for local society meetings. In March, Dr. Hawthorne presided as Speaker of the House to the 2012 COA House of Delegates (HOD) in Sacramento, Calif., and chaired the HOD Advisory/ Rules Committee. Over a decade ago, she served as a Member-at-Large on the COA Nominating Committee. Recently, she was appointed the Nominating Committee's chair-elect in 2011-2012 and will serve as chair in 2012-2013.

Dr. Hawthorne became a trustee for the Great Western Council of Optometry (GWCO), representing

California from 2006-2010. Dr. Hawthorne was recognized as the COA's Young Optometrist of the Year in 2000 and as Keyperson of the Year in 2001. Dr. Hawthorne is a graduate of California State University—Fullerton and the Pacific University College of Optometry.

Dr. Hawthorne remains active in her community and the Los Angeles County Optometric Society, providing resources for nearby schools, and has contributed service to California Vision Foundation and California Volunteer Optometric Services to Humanity. She is a member of the American Public Health Association, Vision Care Section. She has a private practice in south central Los Angeles, Calif., and also works as a staff doctor for the Los Angeles Unified School District's Student Medical Services.

Cockrell files for AOA vp

David A. Cockrell, O.D., has filed for election to the position of vice president of the AOA.

Dr. Cockrell currently serves on the Legislative Action Response Committee and is the liaison trustee to the Affiliate Relations and Membership Group, Faculty Relations, Membership Development and Student and New Graduate committees.

During his time as an AOA volunteer, Dr. Cockrell has served as chair of the following committees: AOA State Government Relations Center, Patient Care and Management, the Primary Care and Patient Management, Statutory SCOPE, Nominating, and Resolutions and has served on the Federal Government Relations Committee. He also chaired the first Affiliate Legislative Defense Fund Project Team.

He has served on the Information & Member Services Group, the Paraoptometric Section, the Contact Lens Section (charter member), and the Optometry's Meeting® New Practitioner Practice Management Project Team. He served on the board of directors of Optometry Cares®— The AOA Foundation.

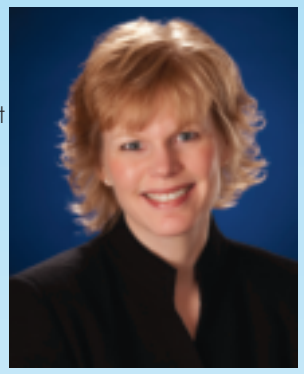
A member of the Oklahoma State Board of Examiners since 1996, he has served as president and currently serves as a member of the board. Dr. Cockrell was the founding chair of the American Board of Optometry (ABO) and is a Diplomate of the ABO. Dr. Cockrell is a past president of the Oklahoma Association of Optometric Physicians (OAOP) and was named the OAOP OD of the Year in 1994. He was named to the OAOP Optometry Team of the Century 2000 and chaired the OAOP Congress Committee, the Oral Pharmaceutical Legislative Committee, and the Laser Legislative Committee. He is a fellow of the American Academy of Optometry.

A graduate of the Southern College of Optometry, Dr. Cockrell has volunteered with the Boy Scouts of America and is active with the Rotary Club, Group Homes for the Mentally Handicapped, the Public Education Foundation, the Chamber of Commerce, and the Regional Airport Authority.

Dr. Cockrell lives in Stillwater and practices with his wife Cherry B. Cockrell, O.D., Jeff D. Miller, O.D., and John M. Millirons, O.D.

The Cockrells have two children, Cherry Beth and Shepard.

Carlson to assume office of immediate past president



Dori M. Carlson, O.D., of Park River, N.D., will assume the AOA office of immediate past-president. Dr. Carlson was the first woman to serve as AOA president and was first elected to the board in June 2004.

During her tenure on the AOA Board, Dr. Carlson served as liaison to many different committees and project teams. Most notably she was instrumental in developing the School Readiness Summit: Focus on Vision, which evolved in to a Joint Statement signed by 30 different organizations calling for a comprehensive eye exam to be the foundation of children's vision care. This statement was used in the AOA's lobbying efforts to define the Essential Pediatric Vision Benefit in Health Care Reform as an eye exam instead of a simple screening.

She also was the first board member to travel to all 20 schools and colleges of optometry during her terms as president-elect and president. Her tour, known as Dori's 20/20 Tour, helped raise awareness of the importance for students to transition their membership from student status to active status upon graduation. Her mission was to motivate students to leave optometry better than the way they found it.

Prior to her election to the board, Dr. Carlson was the first female president of the North Dakota Optometric Association (NDOA). She has remained active in her state association whenever asked to help.

Her North Dakota colleagues awarded her the Young Optometrist of the Year Award in 1994 and the Optometrist of the Year Award in 2003.

A 1989 graduate of Pacific University College of Optometry and a former resident at the American Lake and Seattle Veterans Administration hospitals, Dr. Carlson and her husband Mark Helgeson, O.D., own practices in Park River and Grafton, N.D., where she has continued to see patients when not representing the AOA. The doctors have two sons, Seth and Ian.

When she's not traveling for AOA or seeing patients, Dr. Carlson enjoys cooking dinner for family and friends, skiing – either on snow or water – and spending summer weekends at the family's lake cabin in Minnesota.

AOA business resources give members an edge

Balancing patient care and the "business" of optometry is a challenge. That's why the AOA provides you with all the resources needed to enter the optometric profession and to develop your practice. Visit *www.aoa.org/ practicere-sources*.

❖ **Medical Record Keeping & Coding**
Your membership provides access to exclusive training on medical records and coding, including Webinars, articles, *AskTheCoding Experts@aoa.org*, and educational tools in book or CD format. Learn more at *www.aoa.org/Coding*.

❖ **Electronic Health Records (EHR) Preparedness Program for Optometry**
Learn to implement an EHR system and use it like a pro through this comprehensive program. Access tools, articles, news, schedules, and course information at *www.aoa.org/ehr*.

The AOA's 2012 EHR Preparedness Program for Optometry will be offered at Optometry's Meeting® and is designed to offer practical guidance on EHR implementation through:

❖ "EHR Incentive Programs and Meaningful Use Update," is an advanced course for practitioners who have already implemented EHRs, or will soon, and who are now preparing to take part in the Medicare or Medicaid EHR incentive program.

❖ "Physician Quality Reporting System (PQRS) and e-Prescribing Made Easy," is a course explaining PQRS and e-prescribing and how you can implement these systems in your practice and participate in the Medicare PQRS and e-prescribing incentive program.

Each two-hour course is COPE-approved and may be used by paraoptometrics toward Commission on Paraoptometric Certification (CPC) certification renewal.

Register for courses 0875 and 0880 online at *www.optometrysmeeting.org*.

❖ **Free Webinar Series**
Ongoing, relevant topics to help you with coding, practice start up, financing, billing, practice acquisition, buy in and more are available at *www.aoa.org/eyelearn*.

❖ **Professional Liability/ Malpractice Insurance**

Save time, build knowledge, and improve patient care with the latest product information, industry research, and patient educational materials.

The AOA Insurance Alliance malpractice insurance provides competitive rates and full scope of practice coverage in every state. Coverage transfers from state to state. Visit *www.aoainsurancealliance. com*.

❖ **AOA Group Insurance**
The AOA provides one-stop shopping for life, long-term disability, hospital indemnity, medical and dental insurance – all at group rates. Visit *www.aoainsurance.com.*

❖ **Ophthalmic Resources on Demand (OROD)**
Get up-to-date disease and product resources for patients and health care professionals 24/7 – at no cost.

Save time, build knowledge, and improve patient care with the latest product information, industry research, and patient educational materials. Boost practice value to your patients through downloadable coupons, vouchers, and assistance program information. Enter OROD through the AOA website portal at *www.aoaondemand.org*.

❖ **Wells Fargo Practice Finance**
The source for up to 100-percent financing, plus working capital. Purchase or start a practice. Expand or update an office. Upgrade equipment or systems.

Wells Fargo offers a range of financing solutions with customized payment schedules and automatic Practice Success Program enrollment – all at AOA member preferred rates.

Practice Success Program enrollment means access to free demographic market reports and educational resources, the support of finance specialists, and referrals to optometry's best professional service providers. Visit *http://practicefinance.wellsfargo.com/optometrists*.

❖ **Manuals and Guides**
Resources include the Medicare Compliance Manual, Medicare Advantage Fraud, Waste and Abuse Training, and Health Insurance Portability and Accountability Act Security and Privacy Manuals. Learn more at *www.aoa.org/manualsandguides*.

Services to help expand professional knowledge

The AOA has created a variety of ways for you to expand your professional knowledge including special interest programs, publications and social networking – where you can share your interests, download patient care information, stay informed, and easily connect with colleagues.

❖ **Special Interest Programs**
Share your clinical interests in one or all three unique AOA special section communities – contact lens and cornea, vision rehabilitation, and sports vision. Learn more at *www.aoa.org/sections*.

❖ **EyeLearn™**
EyeLearn™ is the AOA's comprehensive "members-only" education portal and centralized learning resource.

EyeLearn™ offers you a full menu of state-of-the-art learning options including interactive e-learning programs, self-assessment tests, video presentations, transcriptions, journal articles and much more.

The EyeLearn™ "CE Finder" provides you with a convenient way to find face-to-face CE programs at the local, state, and regional level where you can search by ZIP code, city, state and topic. *www.aoa.org/eyelearn*.

❖ **Clinical Care Publications**
Twenty comprehensive AOA Optometric Clinical Practice Guidelines are available for instant download, and each includes recommendations for patient care and appropriate steps in the diagnosis, management, and treatment of various eye and vision conditions.

In addition to the guidelines, many additional reference materials can be downloaded, including fact sheets, manuals, and standards covering dozens of topics from hospital privileges to co-management of refractive surgery.

AOA Clinical Care Publications can be downloaded at *www.aoa.org/x4816.xml*.

❖ **Publications & Social Networking**
Stay informed, connect with colleagues and discuss relevant and timely topics.
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AOAConnect – *http://connect.aoa.org*

CMS extends 5010 enforcement discretion through June 30

The Centers for Medicare & Medicaid Services (CMS) Office of E-Health Standards and Services (OESS) announced March 15, 2012, it will not initiate enforcement action for an additional three months, through June 30, 2012, against health care practitioners, institutions, or product suppliers who have not implemented ASC X12 Version 5010 and NCPDP Versions D.0 and 3.0 software.

The software is required to comply with the updated transactions standards adopted under the Health Insurance Portability and Accountability Act of 1996 (HIPAA).

The CMS had most recently planned to begin enforcing the 5010 software requirement on March 31, 2012.

HIPAA called for 5010 implementation by Jan. 1, 2012. However, on Nov. 17, 2011, the OESS announced that, for a 90-day period, it would not initiate enforcement action against any covered entity that was not compliant with the updated versions of the standards by the New Year's Day compliance date.

This was referred to as enforcement discretion, and during this period covered entities were encouraged to complete outstanding implementation activities including software installation, testing and training.

"Health plans, clearinghouses, providers and software vendors have been making steady progress: the Medicare Fee-for-Service (FFS) program is currently reporting successful receipt and processing of over 70 percent of all Part A claims and over 90 percent of all Part B claims in the Version 5010 format. Commercial plans are reporting similar numbers. State Medicaid agencies are showing progress as well, and some have made a full transition to Version 5010," CMS officials said in announcing the extension last month.

"Covered entities are making similar progress with Version D.0. At the same time, OESS is aware that there are still a number of outstanding issues and challenges impeding full implementation," the CMS said.

The OESS believes that these remaining issues warrant an extension of enforcement discretion to ensure that all entities can complete the transition. The OESS expects that transition statistics will reach 98 percent industry wide by the end of the enforcement discretion period, the CMS statement continued.

Given that the OESS will not initiate enforcement actions through June 30, 2012, industry is urged to collaborate more closely on appropriate strategies to resolve remaining problems, officials said. The OESS is stepping up its existing outreach to include more technical assistance for covered entities.

The OESS is also partnering with several industry groups as well as Medicare FFS and Medicaid to expand technical assistance opportunities and eliminate remaining barriers. Details will be provided in a separate communication.

The Medicare FFS program will continue to host separate provider calls to address outstanding issues related to Medicare programs and systems.

Medicare Administrative Contractors (MACs) will continue to work closely with clearinghouses, billing vendors or health care providers requiring assistance in submitting and receiving Version 5010 compliant transactions. Any entity is experiencing difficulty reaching a MAC can send a message describing the problem to *Provider Feedback@cms.hhs.gov* with "5010 Extension" in the subject line. .

The Medicaid program staff at the CMS will continue to work with individual states regarding their program readiness. Issues related to implementation problems with the states may be sent to *Medicaid5010@cms.hhs.gov*.

"OESS strongly encourages industry to come together in a collaborative, unified way to identify and resolve all outstanding issues that are impacting full compliance, and looks forward to seeing extensive engagement in the technical assistance initiative to be launched over the next few weeks," the CMS statement continued.

AOA members can access additional information including a link to the CMS ICD-10 website and a CMS 5010 implementation widget on the AOA 5010 webpage (*www.aoa.org/5010*).

The deadline is dead... long live the deadline!

By introducing Version 5010, replacing Version 4010, the Centers for Medicare & Medicaid Services (CMS) made changes in the rules and regulations for submitting electronic claims to Medicare.

V 5010 was first slated to be mandatory by Jan. 1, 2012. That deadline was extended to March 31, and as of March 15, has been moved to June 30, 2012.

Compliance is largely the responsibility of providers' electronic office management systems, billing services and claims clearinghouses, but it is critical that each provider stay in contact with those services to be sure they are compliant or that they intend to be compliant prior to the eventual actual deadline.

Medicare revalidation notices online

Health care practitioners can now check online to see if they must revalidate their Medicare provider enrollment records in line with new federal screening requirements, according to the U.S. Centers for Medicare & Medicaid Services (CMS). Criteria established under the federal Affordable Care Act effectively requires all health care practitioners and suppliers who enrolled in Medicare prior to March 25, 2011 (and have not re-enrolled in Medicare since that time) to revalidate their enrollment by submitting the applicable CMS-855 form on paper or online.

Medicare has been mailing revalidation notices to practitioners since September. However, CMS officials fear practitioners may overlook the notices.

Because Medicare data-processing systems would be overwhelmed if too many practitioners attempt to re-enroll at once, the CMS is asking practitioners not to revalidate their enrollment until specifically notified to do so.

The CMS announced last month that health care practitioners can now check to see if they have received (and possibly inadvertently ignored) a revalidation notice on the CMS website's Revalidation page *(http://tinyurl.com/CMSRevalidations)*. Links to the revalidation notices can be found under the "Downloads" heading. Notices are filed by the month mailed.

CMS officials hope to have similar information available on the agency's Provider Enrollment, Chain, and Ownership System website shortly.

U.S. Senate leader introduces AOA-backed NHSC optometric inclusion bill

With backing from the AOA and the Arkansas Optometric Association, Sen. Mark Pryor (D-Ark.) has introduced into the U.S. Senate key legislation that would provide desperately needed access to primary eye and vision care services in underserved communities throughout Arkansas and across the nation.

Only 11 percent of community health centers nationwide have full-time eye care professionals on staff.

Introduced March 15, the National Health Service Corps (NHSC) Improvement Act of 2012 (S. 2192) would make doctors of optometry eligible, once again, for the NHSC student loan repayment and scholarship program.

The Senate bill mirrors companion legislation (H.R. 1195) sponsored by Reps. Cathy McMorris Rodgers (R-Wash.) and Mike Ross (D-Ark.) now under consideration in the U.S. House of Representatives.

"Eye doctors often graduate with a mountain of student loan debt, forcing them to work in private practice or urban communities," Sen. Pryor said. "This legislation opens the opportunity for an optometrist to fill a real need. With on-site vision services at community health centers, children in Arkansas are more likely to receive proper eye care, be able to see the blackboard in the classroom and do better in school as a result."

Overall, the NHSC program aims to provide improved access to quality health care services for millions of Americans who might otherwise be forced to do without or delay care until conditions become emergencies.

As part of this mission, the program provides financial support specifically aimed at easing the debt burden associated with a professional education and allows carefully selected clinicians to undertake an extraordinary, multi-year commitment to safeguarding public health.

Unfortunately, when the program was restructured in 2002, optometrists were no longer eligible to participate in the program.

Since that time, the situation facing working men and women, children and seniors in underserved areas that are in need of primary eye and vision care has only grown more urgent.

Today, only 11 percent of community health centers nationwide have full-time eye care professionals on staff and less than one-third even offer any on-site vision services, according to a 2009 report by the George Washington University School of Public Health and Health Services.

The report recognizes the lack of access to eye care services through health centers as a "major public health crisis in America."

Supported by U.S. Sen. John Boozman, O.D., (R-Ark.), Community Health Centers of Arkansas, Inc., and others, the effort would not expand any federal program or authorize any new federal funding. The legislation now before Congress seeks only to allow optometrists to compete for loan repayment and scholarship support on a level playing field under existing requirements.

"With the recognition that primary eye care is a critical component in the health care delivery system, but not often found in underserved communities, Senator Pryor's legislation will expand the list of eligible health care providers who may apply for NHSC Loan Repayment and Scholarships," said Sip Mouden, chief executive officer of Community Health Centers of Arkansas, Inc. "Once enacted, optometrists will be eligible to apply for NHSC loan repayment, and in return, will pay back those loans by providing primary eye care in underserved and rural communities."

In the opening days of April, a record-number of AOA doctors and students descended on the nation's capital for the 2012 Congressional Advocacy Conference.

Bringing the AOA's pro-access, pro-patient message to nearly every House and Senate office on Capitol Hill, ODs and students urged their elected leaders to back S. 2192, H.R. 1195, as well as Medicaid full inclusion for ODs legislation (H.R. 1219), and a number of other AOA priorities.

Sen. Pryor's full announcement on the introduction of the National Health Service Corps Improvement Act can be found at *http://bit.ly/H8QWig*.

To learn about becoming more involved in federal advocacy, contact the AOA Washington Office at 800-365-2219 or *ImpactWashingtonDC@aoa.org*.

IRS answers AOA call to scrap discriminatory reference to ODs

Bending to AOA pressure, the Internal Revenue Service (IRS) has announced that it will no longer use a discriminatory reference to doctors of optometry in its annual tax guidance documents.

After hearing directly from AOA Federal Relations Committee Chair Roger Jordan, O.D., IRS officials recently affirmed that the agency will now refer to "eye doctors" in its documents as both optometrists and ophthalmologists.

Previously, IRS guidance directed visually impaired individuals and tax preparers on their behalf to seek a certified statement from an "eye doctor or registered optometrist" in order to apply the higher standard deduction for blindness.

In a letter to IRS Commissioner Douglas Shulman, the AOA's Dr. Jordan made clear that optometrists are, in fact, eye doctors licensed by state authorities to examine, diagnose, treat, and manage diseases, injuries, and disorders of the visual system, the eye, and associated structures.

Dr. Jordan also made clear that because optometrists are licensed by states the use of the term "registered" is both inappropriate and could lead to confusion by tax filers seeking a determination of blindness.

Additionally, at the urging of the AOA, the IRS has also taken appropriate steps to update its definition of blindness for purposes of tax deduction.

The IRS will no longer use the phrases "partly blind" or "partially blind" in its publications to convey the principle that total blindness (no sense of light in either eye) is not the required threshold for a higher standard deduction, and that some level of blindness qualifies as well. In the same letter to the IRS, the AOA argued that these phrases have no diagnostic value for optometrists and ophthalmologists when determining blindness. The AOA suggested a remedy should match existing definitions found elsewhere in law.

IRS guidance will now use the phrase "not totally blind" to match similar references now found in U.S. Code.

Five states now offer Medicaid EHR incentives to ODs

Optometrists in five states can now participate in Medicaid Electronic Health Records (EHR) Incentive Programs – with optometrists in up to a half-dozen more possibly becoming eligible for Medicaid EHR incentives in the near future, according to the AOA Advocacy Group.

Since the Medicaid EHR Incentive Program was created under the American Recovery and Reinvestment Act (ARRA) of 2009, Alabama, Illinois, Kentucky, Ohio and South Carolina have all taken action to allow optometrists to qualify for EHR incentives. And all five acted in time to allow at least some optometrists to qualify for payments during the first year of the incentive program.

That is important because Medicaid, like other public and private health insurance plans, increasingly encourages the use of EHR technology by health care practitioners, the AOA Advocacy Group noted; however, clinics and practices that serve primarily low-income patients may be relatively less able to pay for it.

Moreover, Medicaid provides substantially higher EHR incentives than its counterpart Medicare EHR Incentive Program.

Under the Medicaid EHR Incentive Program, health care practitioners who demonstrate they have billed at least 30 percent of their insurance claims to Medicaid during a 90-day reporting period can qualify for up to $63,750 in incentives over the six-year life of the program.

The Medicare EHR Incentive Program, by comparison, offers up to $44,000 ($48,400 in federally designated Health Professional Shortage Areas).

The entry of optometrists into state Medicaid EHR Incentive Programs comes as the result of lobbying efforts by the AOA to get the Centers for Medicare & Medicaid Services (CMS) to clarify incentive program rules, as well as successful efforts by state optometric associations to assist state Medicaid departments in filing necessary state Medicaid plan amendments with the CMS to allow participation by optometrists in their incentive programs.

Medicaid EHR Incentive Program rules issued by the CMS in 2009 limit participation to physicians, dentists, certified nurse-midwives, nurse practitioners and physician assistants who are practicing in federally qualified health centers or rural health clinics led by a physician assistant – with "physicians" defined as doctors of medicine or osteopathy.

Optometrists provide medical eye care services under all state Medicaid programs. However, few state Medicaid departments have ever formally amended their state Medicaid plans to acknowledge optometrists as providers of physician services, the AOA Advocacy Group noted.

The federal laws governing Medicaid do not categorically recognize that optometrists provide physician services (as do the laws governing Medicare), instead giving state Medicaid agencies the option to cover two classes of services that can be provided by optometrists: vision care and "optometry services" – the latter being physician services (medical care) provided by optometrists within the scope of optometric practice.

As a result, few state Medicaid departments initially planned to include optometrists when they began launching their EHR incentive programs in early 2011.

However, following discussions with the AOA Advocacy Group, the CMS revised its "Path to Payment" instructions for federal EHR incentive programs (*http://tinyurl.com/PathtoPayment*), noting that optometrists are eligible for Medicaid EHR incentives when state Medicaid departments officially recognize them as providers of "physician services" and include them in their EHR incentive programs.

AOA Advocacy Group representatives promptly notified state Medicaid agencies in all U.S. states and territories that optometrists could be included in their EHR incentive programs and even provided them a package of information with the document they would need to modify and the contact information for the official at the nearest CMS regional office who would process the document.

The AOA Advocacy Group also sent e-bulletins to all state optometric associations, informing them of a new opportunity to bring optometrists into a potentially important financial incentive program.

At the time, CMS records indicated only four state Medicaid programs – New Jersey, South Dakota, Kansas, and Hawaii – already recognized optometrists as providers of physician services.

However, after receiving the AOA Advocacy Group information package, a half dozen state Medicaid departments expressed interest in officially recognizing optometrists as physician service providers and opening their EHR incentive programs to them.

After receiving the AOA Advocacy Group information package, a half dozen state Medicaid departments expressed interest in officially recognizing optometrists as physician service providers and opening their EHR incentive programs to them.

Some 25 state optometric association executives expressed interest in approaching their state Medicaid agencies on the matter.

State optometric association action

State Medicaid departments commonly file State Plan Amendments (SPAs), the AOA Advocacy Group noted. The plan amendments necessary to include optometrists in EHR incentive programs are relatively simple to make, the AOA Advocacy Group added.

Nevertheless, advice and assistance from state optometric associations has proven a critical factor in all five of the states that have so far included optometrists in their EHR incentive programs, the AOA Advocacy Group noted.

In several cases, action to include optometrists in Medicare EHR programs took on new urgency after the CMS announced it would extend the 2011 incentive filing deadline to Feb. 29, 2012, in about a dozen states and to March 31 in the rest.

The Commonwealth of Kentucky's Medicaid EHR Incentive Program was the first in the nation to issue an incentive payment to an optometrist.

Commonwealth officials amended their EHR incentive program on May 12 of last year, after the Kentucky Optometric Association (KOA) reminded them that longstanding provider nondiscrimination provisions in the Kentucky Medicaid Law and Regulations defined optometrists as providers of physician services. KOA representatives in the fall of 2010 met with directors of the Kentucky Health Information Exchange (KHIE) as well officials of the Kentucky Medicaid Department after learning the department had submitted to the CMS an EHR incentive that would not include optometrists. (See *AOA News*, January.)

South Carolina was actually the first state to include optometrists in its Medicaid EHR Incentive Program, according to South Carolina Optometric Physicians Association (SCOPA) President Philip Flynn, O.D.

The state Department of Health & Human Services specifically included optometrists when it drew up plans for the program in 2010. SCOPA officials became concerned after learning the CMS did not consider optometrists to be eligible providers for the Medicaid EHR incentive program.

However, South Carolina has recognized optometrists as providers of physician services under Medicaid, Dr. Flynn said, and state officials reaffirmed in October 2010 that optometrists would be eligible for the incentive program.

That was confirmed late last year when husband-and-wife practitioners John Mason, O.D., and Katie Mason, O.D., of Columbia, S.C., successfully attested compliance with EHR utilization standards and

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Ky OD leads nation

In July 2011, Alison Overley, O.D., became the first optometrist in the nation to successfully meet the federal government's Stage 1 EHR utilization requirements and receive payment through the Medicaid EHR incentive program. By the end of last year, more than 30 Kentucky optometrists had met the Stage 1 requirements and qualified for incentive payments through Medicaid.

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received the maximum incentive payments provided under the program.

Participation in the Medicaid EHR Incentive Program will be particularly important to South Carolina optometrists, Dr. Flynn believes.

The state has become a leader in the implementation of electronic health records and is considered a model by the federal Office of the National Coordinator for Health Information Technology.

As a result, many optometrists in the state already have electronic health records systems. About 25 percent of the state's population is enrolled in Medicaid. In many optometric practices, Medicaid enrollees represent 50 to 60 percent of the patient base, Dr. Flynn said.

He expects many South Carolina optometrists to receive payments under the Medicaid EHR Incentive Program, including a number of practitioners who are expected to "switch over" from the Medicare EHR Incentive Program.

Illinois last year included optometrists in its Medicaid EHR incentive program, as the result of a hard push by the Illinois Optometric Association (IOA), the AOA and the Illinois Eye Institute (IEI), the not-for-profit clinic operated by the Illinois College of Optometry.

The initiative to change the Illinois State Medicaid Plan was originally launched in an effort to help ensure Medicaid reimbursement for optometrists in the institute's federally qualified community health centers and rural health centers.

"However, we eventually found out that EHR was the far greater issue," Michael G. Horstman, IOA executive director, said.

The Illinois Department of Healthcare and Family Services officially filed amendments to its state Medicaid plan with the CMS on July 22, 2011.

The CMS approved the revised Illinois Medicaid State Plan in September 2011 but allowed changes to be retroactive to the filing date.

As this *AOA News* went to press, some 30 to 50 IEI optometrists were preparing to file for Medicaid EHR incentives, potentially resulting in millions of dollars in payments to the institute.

The Alabama Medicaid Agency received formal approval from the CMS to include optometrists in its EHR incentive program on Dec. 12, 2011, according to Alabama Optometric Association Executive Director Amanda Buttenshaw.

The state Medicaid agency agreed to amend its EHR incentive program following a meeting with Buttenshaw and state Rep. Jim McClendon, O.D., (R) the chair of the Alabama House Health Committee.

The association was still working with the agency to implement program changes in March. However, Alabama optometrists would still have time to attest compliance with EHR meaningful use standards before the program's extended March 31 filing period deadline and earn incentive payments for 2011, Buttenshaw said.

Efforts to ensure Ohio optometrists a place in the state's Medicaid EHR Incentive Program began in late 2010 when the Ohio Optometric Association (OOA) learned its members would be omitted from the program.

A series of meetings between Immediate Past President Heath Gilbert, O.D., and the Ohio Office of Medicaid resulted in a pledge by state officials to amend the incentive program.

The effort took on new impetus after OOA member Tom Bobst, O.D., secured a meeting with HHS Secretary Kathleen Sebelius. She emphasized during the meeting that the HHS intends for

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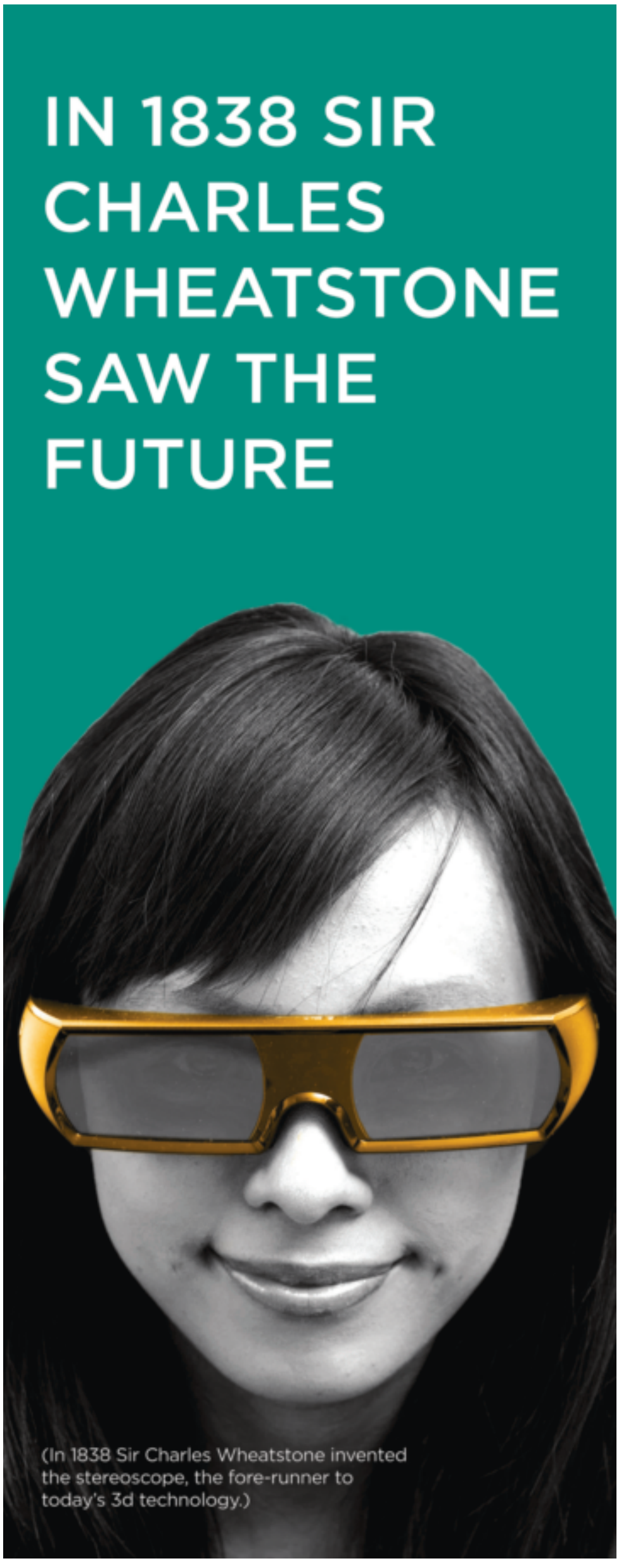

DEA increases controlled substance registration fee

The U.S. Drug Enforcement Administration (DEA) is increasing the registration fee for health care professionals, including optometrists, who prescribe or dispense controlled substances.

Effective April 16, the DEA's Controlled Substances and List I Chemical Registration fee will increase to $731.

The registration will continue to be good for three years, according to the agency.

DEA officials acknowledge the fee will increase this month by about one-third.

The fee has not been increased since 2006, agency officials note.

The fee is used to cover the cost of the DEA's Diversion Control Program (DCP), which was mandated under the federal Controlled Substances Act (CSA) of 1970. The law requires the DEA to set the fee so as to cover the entire cost of the program.

Under the law, pharmacies, hospitals, clinics, health care practitioners, teaching institutions, and mid-level practitioners must register with the DEA every three years in order to prescribe or dispense controlled substances. The DEA considers optometrists mid-level practitioners.

Analytical labs, pharmaceutical compounders and most other types of businesses that handle controlled substances must register with the agency annually.

Publicly owned institutions, law enforcement agencies, the Indian Health Service, the Department of Veterans Affairs, Federal Bureau of Prisons, and military personnel are exempt from the DEA registration fee.

For more information on the use of controlled substances by DEA-classified mid-level practitioners, see the agency's Mid-Level Practitioner webpage *http://tinyurl.com/DEAmid-level*.

For additional information on the registration program, see the DEA Diversion Control Program webpage (*www.deadiversion.usdoj.gov*) and click on "Registration."

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optometrists to be involved in the Medicaid EHR Incentive Program.

Ohio officials submitted a revised Medicaid EHR Incentive Program plan to the HHS on Nov. 1, 2011. However, given that the CMS normally takes months to approve Medicaid program plan changes, Ohio optometrists would not have enough time to qualify for incentive for the 2011 calendar year, Dr. Gilbert realized.

At the urging of OOA, Ohio Gov. John Kasich (R) took the unusual step of issuing an emergency executive order that, effective immediately, would allow optometrists to take part in the incentive program.

The order took effect Dec. 17, 2011, after Ohio Senate and House of Representatives committees, in an equally unusual move, both unanimously gave required approvals for the order.

"I can tell you Ohio optometrists are now receiving checks from the Medicaid EHR Incentive Program," an OOA staff member said. One four-practitioner optometric practice recently received a total of $85,000 for their first year of participation in the incentive program, he said.

Ongoing negotiations

Representatives from the AOA Advocacy Group and state optometric associations have held meetings with nine additional state Medicaid departments over recent months.

"Every state Medicaid program already reimburses optometrists for medical eye care service. They are simply being asked to officially acknowledge in their state Medicaid plan what they are already doing."

During virtually all of those meeting, AOA Advocacy Group members have had to emphasize that they are not asking the department to cover additional services but simply allow optometrists who already provide services under Medicaid to participate in the EHR incentive program, noted Brian Reuwer, AOA Advocacy Group associate director for advocacy and affiliate services.

"Every state Medicaid program already reimburses optometrists for medical eye care service," said Reuwer. "They are simply being asked to officially acknowledge in their state Medicaid plan what they are already doing."

The "sticking point," Reuwer said, is generally the term "optometric services," which Medicaid administrators commonly misinterpret to mean vision care and which many cash-strapped Medicaid plans do not wish to begin offering at this time or be forced to maintain as budgets tighten. Optometric associations have to explain the changes relate only to optometrists providing medical eye care covered under physician services.

"The AOA Advocacy Group is available to work with AOA members in opening additional state Medicaid EHR incentive programs to optometrists," Reuwer emphasized. "One thing states are having trouble with is the 30 percent Medicaid billing threshold for the incentive. Many optometrists do not bill that much Medicaid, especially if they do not currently have a vision benefit in the program. However, states that have optometry schools with large clinics, community health centers, and other public health entities with integrated optometric services would be the most likely candidates to have optometrists who will reach this threshold and those optometrists could really help their clinic with this incentive money."

For more information, contact Reuwer in the AOA Washington office at 800-365-2219, ext. 1343 or *BReuwer@aoa.org*.

LETTERS

Dr. Cyrus Bass case set stage for future ODs

Dear Editor:

I read with interest the article about voting for the top story of the past 50 years in optometry. I believe the top story was never widely published, but can be found in the AOA's files.

In July of 1964 a lawsuit was filed by Cyrus Bass, O.D., against the American Medical Association (AMA) for the vicious attacks against optometry. In convention, the AMA passed Resolutions No. 7 and 107, which in essence would eliminate optometry as a profession. Optometrists would be allowed to serve as technicians for ophthalmologists. Dr. Cyrus Bass succeeded in stopping these attacks by filing a lawsuit against the AMA.

I hope you will consider this action by Dr. Cyrus Bass and read the article "A Report to the Optometric Profession" by Cyrus Bass, O.D., on file at AOA headquarters. You will see Dr. Bass did a great service for optometry. This optometrist should be in the Hall of Fame, and his story made the top story of the past 50 years.

If it had not been for Dr. Cyrus Bass and his lawsuit, we might not be here as a profession. I know for I practiced in a small town with three MDs for over 50 years.

They were very supportive, but if the AMA resolution had become effective their cooperation would have vanished. Thankfully their cooperation remained for many years, and my last 12 years I spent working for an ophthalmologist with equal standing. Without Dr. Cyrus Bass's lawsuit, this would not have been possible.

Please read the report. You have to read the report to fully understand the impact on optometrists at the time.

William P. Murrell, O.D.,
Northern Illinois College of Optometry 1948

Editor's note: For more on Cyrus Bass, O.D., see the March 2012 AOA News *and read the historical gem by Irving Bennett, O.D., at* http://bit.ly/HiLoSV. *To vote on the top story of the past 50 years, visit AOAConnect at* http://bit.ly/sa18Dn.

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NEI: nearly one in 10 have 'rare' health conditions

Rare health conditions are not as unusual as the name might indicate, according to the National Institutes of Health (NIH). And rare eye conditions are no exception, the NIH's National Eye Institute (NEI) adds.

"Comprehensive eye examinations provide an opportunity for the diagnosis of health conditions, rare and common, ocular and systemic," noted Gregory S. Wolfe, O.D., MPH, chair of the AOA Health Promotion Committee.

In the United States, a disease is considered rare if it affects fewer than 200,000 Americans, noted Paul A. Sieving, M.D., Ph.D., director of the NEI, in a statement issued to commemorate Rare Disease Day (Feb. 29).

Scientists have identified more than 7,000 rare diseases. Some affect only a few hundred people.

But considered together, rare diseases affect 25 million Americans, which means about 1 in every 10 people has a rare disease, Dr. Sieving observed.

Many of those rare diseases affect vision, Dr. Sieving said.

Rare Disease Day, an awareness-raising event, was observed by the NIH this year for the fifth time in an effort to increase support for research on rare health conditions.

However, the event also serves to spotlight the need for adequate awareness of rare conditions among health care practitioners, including optometrists.

"People with rare diseases, and their families, have unique challenges, beginning with obtaining an accurate diagnosis, which is often delayed due to limited knowledge and awareness in the medical community," Dr. Sieving said.

Many rare diseases manifest during infancy or childhood, according to the NIH.

At least one condition on the NIH's rare disease list – retinoblastoma – has been diagnosed in the course of InfantSEE® examinations, Dr. Wolfe noted.

Rare Disease Day also serves to call attention to the growing importance of genetics in the diagnosis and treatment of rare conditions – and the role genetics could play in optometric practice over the coming years, Dr. Wolfe said.

Inherited gene defects account for 80 percent of rare diseases, including many of those with ocular manifestations, Dr Sieving said.

Inherited gene defects account for 80 percent of rare diseases, including many of those with ocular manifestations.

"Recent advances in gene technology are illuminating our understanding of the causes of rare diseases and quickening the translation of discoveries into new treatments," Dr. Sieving said.

"NEI scientists have successfully used gene therapy to improve vision in people with Leber congenital amaurosis, a rare genetic disorder that causes blindness through the degeneration of photoreceptor cells – the rods and cones in the layer of tissue in the back of the eye called the retina," Dr. Sieving said. "Gene therapy helps restore gene function by inserting copies of normal, functioning genes into cells. Although vision gains were modest, successful demonstration of the strategy holds promise for treating other degenerative retinal disorders such as retinitis pigmentosa (RP). In January 2012, NEI scientists successfully used gene therapy to treat dogs with a condition similar to RP and are making plans to test the therapy in humans."

EyeGENE, an NEI-sponsored collaborative network for ophthalmic research, is helping diagnose patients with eye-related genetic diseases while enabling researchers to study and characterize these rare condition, Dr. Sieving said.

Through a network of federally certified molecular diagnostic testing labs, patients who participate in eyeGENE can gain access to free genetic testing, which is often expensive and not covered by health insurance.

EyeGENE currently offers testing, at labs across the country, for more than two dozen rare genetic conditions. In exchange for free genetic testing, participants contribute their clinical and genetic information to the confidential eyeGENE registry.

As researchers develop potential treatments, eyeGENE will help facilitate patient recruitment for clinical trials, Dr. Sieving said.

To help people living with low vision and blindness maintain or increase their independence, the NEI funds the development of assistive technologies and devices through Small Business Innovation Research awards and other grants.

For example, Second Sight, a major recipient of NEI funding, has successfully developed a retinal prosthesis, essentially an externally worn digital camera wirelessly coupled to an electrode grid implanted on the retina inside the eyes that restores limited vision to people with RP, Dr. Sieving noted

The NIH Office of Rare Disease Research (ORDR) offers a variety of resources to help both health care practitioners and the general public find information on rare health conditions.

A "Rare Diseases and Related Terms" roster on the office's website (*http://rarediseases.info.nih.gov/*) lists almost 50 rare eye conditions.

The site also offers links to detailed databases of rare clinical disorders maintained by Orphanet, a rare disease and orphan drug portal (*www.orphanet.org*):

- The National Organization for Rare Diseases (NORD) (*www.rarediseases.org*), and
- The NIH's Genetic and Rare Diseases Information Center (GARD) (*http://rarediseases.info.nih.gov/GARD*).

Additional information on rare diseases may be found at *www.rarediseaseday.org* and on the website of the observance's sponsor organization, Eurodis, a European advocacy group for patients with rare diseases (*www.eurordis.org*).

Additional information may also be found on the NEI website (*www.nei.nih.gov*).

Selected rare eye conditions

The NIH Office of Rare Disease Research's (ORDR) list of "Rare Diseases and Related Terms" includes nearly 50 eye conditions, including:

- Schmid-Fraccaro syndrome, or cat eye syndrome (CES) – Cat eye syndrome is a rare chromosomal disorder that may be evident at birth. The name "cat eye syndrome" is derived from a distinctive eye abnormality present in some affected individuals. This feature consists of partial absence of ocular tissue coloboma, often affecting both eyes. Affected ocular tissues may include the iris, choroid, and/or retina.
- Muscle eye brain disease (MEB) – Muscle eye brain disease is a rare form of congenital muscular dystrophy. Individuals with this condition are born with hypotonia, severe myopia, glaucoma, and brain abnormalities. They also have developmental delay and intellectual disability. People with muscle eye brain disease frequently have additional eye abnormalities, hydrocephalus, and distinctive facial features. This condition is caused by mutations in a gene identified as POMGNT1, and it is inherited in an autosomal recessive pattern. The signs and symptoms of this condition vary among affected individuals, even among members of the same family.
- Benign concentric annular macular dystrophy (Bull's eye maculopathy) – Macular dystrophy, concentric annular, is a progressive autosomal dominant macular dystrophy characterized by parafoveal hypopigmentation followed by a retinitis pigmentosa-like phenotype (nyctalopia and peripheral vision loss) with a bull's eye configuration.
- Al Gazali syndrome (Al Gazali Al Talabani syndrome, eye defects arachnodactyly cardiopathy) – This syndrome is characterized by ocular colobomas, ichthyosis, endocrine abnormalities (including developmental anomalies of the pituitary gland), cerebral malformations and intellectual deficit. It has been described in three children from one family. The syndrome shows significant clinical overlap with CHIME syndrome and septooptic dysplasia; however, patients with Al-Gazali-Dattani syndrome lack the deafness, seizures, oligodontia, and hair abnormalities present in CHIME syndrome and the optic nerve hypoplasia present in septooptic dysplasia.
- Forsius Eriksson type ocular albinism, or Aland Island eye disease (AIED) – Aland Island eye disease is an X-chromosomal disorder characterized by reduced visual acuity, progressive axial myopia, regular astigmatism, latent nystagmus, foveal hypoplasia, defective dark adaptation, and fundus hypopigmentation. The syndrome was originally reported in 1964 in a family on the Aland Islands.

An expanded list of rare eye conditions can be accessed using the "Rare Diseases and Related Terms" search function on the NIH OORDR website (*http://rarediseases.info.nih.gov/*).

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AOAConnect®
OPTOMETRY'S COMMUNITY

See the future at Optometry's Meeting® in Chicago

Innovators driving positive change in the world mark the history of optometry. From Roger Bacon, to Ben Franklin, to Raymond I. Myers, O.D., folks from humble beginnings made their mark on society and a field that helps people see the world more clearly.

Optometry's Meeting® stands at the forefront of future innovations through a deft mix of cutting-edge education, tomorrow's technology, and exposure to brilliant visionaries. Ironically, one of those visionaries was born in 1802.

Dimensional growth

Sir Charles Wheatstone likely didn't understand his creation would revolutionize eye care in the 21st century.

In fact, the contraption didn't turn many heads until Oliver Wendell Holmes introduced an updated version nearly a half-century later in 1881.

And, until recently, 3-D imaging and viewing was a novelty confined to the likes of the View-master® and niche movies.

Now, seemingly every movie and game title is released in 3-D while in-home flat screen televisions typically arrive at the doorstep "3-D ready."

Even mobile devices are now capable of displaying 3-D images and augmented reality is, well, a reality.

But greater adoption of 3-D for entertainment is only part of the story (perhaps the least important part).

Its immersive qualities can foster highly effective learning environments for many students and recent optical science demonstrates that 3-D can help diagnose, and even treat, vision deficiencies in children and adults.

The opportunity for optometrists to create value for patients and society while building equity in their practices is enormous.

In fact some optometrists believe the technology is the greatest revolution for the profession in the last 150 years.

At Optometry's Meeting® 2012 in Chicago, participants will have several opportunities to learn about 3-D and the promise it holds for society as well as the profession.

During the Opening General Session sponsored by Essilor, HOLLYWOOD COMES TO CHICAGO!

The audience will enjoy an insider's perspective of how 3-D is transforming the entertainment world, as well as optical science and health.

Presented in partnership with Essilor and the International 3D Society, this is a "can't miss" event!

Optometry's Meeting® stands at the forefront of future innovations through a deft mix of cutting-edge education, tomorrow's technology, and exposure to brilliant visionaries.

Download the Optometry's Meeting® Mobile App today! Available on iPhone, Android, and Blackberry – keep up with the latest happenings at Optometry's Meeting®! Search for *www.tripbuilder.com/OM2012apps* or OM2012.

Attendees can dive even deeper into the technology and its applications during one of several education sessions, including the complimentary Saturday 3-D Symposium (D201).

Participants will learn all they need to know in order to make their practices "3-D ready!"

The course is open to all attendees, so registering now to reserve a seat is advised.

Tomorrow's technology today

Many Optometry's Meeting® attendees are drawn by the presence of over 200 exhibitors in the Exhibit Hall.

At Optometry's Meeting® 2011, the refreshed Exhibit Hall received rave reviews from exhibitors and attendees alike.

With similar exhibitors and technologies grouped into "districts," much like a department store, participants are better able to navigate the floor and see exactly the people and products that advance their practices, all in record time!

This year, don't miss the Exhibit Hall Grand Opening sponsored by Shamir, where attendees can see the latest in technology while enjoying fine wine and cheese. The commemorative Shamir glass is yours to keep.

Fellow visionaries

Optometry's Meeting® attendees are greeted by a variety of opportunities to connect with like-minded professionals throughout their stay in Chicago.

Optometry's Meeting® Welcome Hour, sponsored by the AOA and CooperVision, provides a casual atmosphere to connect with old friends and meet new ones.

A variety of beverages and plentiful hors d'oeuvres complement the conversation nicely.

"The Eye Docs of Rock" may not have Madonna's Super Bowl™ entourage, but rest assured they know how to bring down the house with a raucous, entertaining evening of music and dance.

Join them during the Incoming Presidential Celebration honoring Ronald Hopping, O.D., sponsored by Alcon, Optos, and Vision Source.

While nothing can be promised, this event has been known to feature cameo performances from several eye care professionals!

And certainly one of this year's highlights is "A Celebration of Optometry," sponsored by HOYA.

Taking place at the incomparable, world-renowned Field Museum Chicago, guests are sure to be engaged by one of the planet's foremost collections of artifacts and information related to natural history, anthropology, botany, geology, paleontology, and zoology.

Housing more than 20 million items, it plays a central role in global research and education related to diversity and relationships in nature and among cultures.

Join your colleagues in recognizing the AOA and the American Optometric Student Association Board of Trustees while enjoying Taste of Chicago-themed appetizers and desserts with entertainment provided by dueling pianos. But watch out for "Sue," the world's largest and best-preserved Tyrannosaurus Rex specimen in the world. We hear she's hungry!

Future opportunities

Many Optometry's Meeting® participants are looking for employment, looking for job candidates, looking for partners, or looking to buy or sell a practice.

You'll find "all of the above" at Optometry's Career Center®, sponsored by Marchon and Optos.

A wealth of resources are available to anyone seeking growth within or outside of their current situation, including career information, qualified candidates, and different modes of practice. If charting the future is important to you, you'll want to dedicate at least a couple of hours to this important element.

Without a doubt, Optometry's Meeting® participants will see tomorrow more clearly.

Register online today at *www.optometrysmeeting.org.*

Optometry's meeting®

THE RIGHT PARTNER FOR THE LIFE OF YOUR CAREER

From practice entry to management, growth, and succession planning, the value is clear. AOA members benefit with a lifetime of professional support. Today, the AOA offers you virtually everything needed to effectively balance patient care and the business of optometry and successfully navigate a total career path. These exciting Optometry's Meeting® events will help you build your measure of success.

Practice Pathways

Supported in part by Wells Fargo Practice Finance

Thusday, June 28, 2012
10a.m. - Noon
and 1p.m. - 3p.m.

McCormick Place
West

This two-part series for buyers and sellers will give you the facts you need to successfully transition a practice. You'll learn the process of transferring practice ownership from doctors who have been there, principles of winning relationships and leadership, the importance of communication, and hands-on tools to retain patients. The series will cover practical knowledge, legal, financial and tax aspects.

PART I: Principles of Practice Transfer
Presented by: Chad Fleming, O.D.
(two-hour COPE approval pending)

PART II: Preparing for Your Transition
Roundtable discussion with Wells Fargo
(not for COPE credit)

Register for courses 1043 and 1083.

Optometry's Career Center®

Sponsored by Marchon and Optos

Friday, June 29, 2012
8a.m. – Noon

McCormick Place
West

Join the career event of the year! Optometry's Career Center® offers an "open mic" of opportunities, information, and insights for employers and candidates. Don't miss the chance to find the perfect career opportunity or the perfect candidate, partner, or even buyer for your practice.

If you have questions about life after optometry school or are looking to bring on an associate or partner, don't miss this career event.

Presented by: Chad Fleming, O.D., and Ryan Parker, O.D.

- **AOA Pathways - *UNPLUGGED***
- **How to create a noticeable resume**
- **Tips for reviewing job seeker resumes**
- **The Art of Interviewing for both job seekers and employers**

Register for function 0205.

REGISTER NOW AT www.OPTOMETRYSMEETING.ORG

American Optometric Association | AOSA | Follow.

Optometry's Meeting® is the annual meeting of the American Optometric Association and the American Optometric Student Association

PECOS now accepts e-signatures online

The U.S. Centers for Medicare & Medicaid Services' Internet-based Provider Enrollment, Chain, and Ownership System (PECOS) now allows providers and suppliers to sign online Medicare enrollment applications electronically.

The new feature will allow health care practitioners to "save time and expedite review of your application by using Internet-based PECOS," agency officials said in a March email.

The e-sign feature can be used on any individual provider (Form 855-I) application submitted through Internet-based PECOS, agency officials emphasize.

It can be used by optometrists and other physicians, including those enrolling solely for the purpose of ordering or referring under Medicare.

Pracitioners must personally issue the e-signature and cannot delegate that function to a staff person.

However, use of the feature "does not change who is required to sign the application," the CMS noted.

Practitioners must personally issue the e-signature and cannot delegate that function to a staff person.

An individual provider application containing new reassignments (Form 855-R) can be electronically signed as part of the submission process; however, the practitioner must select the authorized official/delegated official (AO/DO) for the organization that is accepting the reassignment and enter that official's email address, the CMS emphasized.

The official then will be required to follow the instructions provided through PECOS and electronically sign the application.

Individual providers or AO/DOs who do not wish to use e-signatures can still print and sign certification statements, mailing them to the appropriate Medicare payment contractor for the provider's region.

The CMS promises additional enhancements to PECOS in the coming months.

Practitioners with questions concerning PECOS should contact the CMS EUS Help Desk at 866-484-8049 or *EUSSupport@cgi.com*. Practitioners can log onto PECOS at *https://PECOS.CMS.hhs.gov*.

HHS announces intent to delay ICD-10 compliance date

Health & Human Services (HHS) Secretary Kathleen G. Sebelius has announced her department will initiate a process to postpone the date by which certain health care entities have to comply with International Classification of Diseases, 10th Edition diagnosis and procedure codes (ICD-10).

The HHS had been planning to require the use of ICD-10 codes for diagnosis and inpatient procedure coding on October 1, 2013.

"HHS will announce a new compliance date moving forward," agency officials said in a press release.

"ICD-10 codes are important to many positive improvements in our health care system," said Sec. Sebelius in the agency statement. "We have heard from many in the provider community who have concerns about the administrative burdens they face in the years ahead. We are committing to work with the provider community to reexamine the pace at which HHS and the nation implement these important improvements to our health care system."

"ICD-10 codes provide more robust and specific data that will help improve patient care and enable the exchange of our health care data with that of the rest of the world that has long been using ICD-10," the HHS statement continues.

All entities covered under the Health Insurance Portability and Accountability Act of 1996 (HIPAA) will be required to use the ICD-10 diagnostic and procedure codes, the HHS emphasized.

The announced action marks the second time HHS has postponed its deadline for the use of ICD-10 codes for diagnosis and inpatient health care procedures. The agency originally planned a 2011 deadline.

The HHS finalized regulations requiring the use of ICD-10 codes in January 2009.

The HHS offers an ICD-10 webpage (*www.cms.gov/ICD10*) with news and resources to help health care practitioners implement the new coding system.

The webpage includes a link to an online "widget" practitioners can use identify and take action on the benchmarks they will need to meet to ensure smooth transitions to the ICD-10 codes.

The AOA is preparing a comprehensive education program to assist optometrists in implementing the ICD-10 codes. Information on the implementation of ICD-10 codes in optometric practices can be found on the AOA's ICD-10 webpage (*www.aoa.org/ICD-10*).

Advancing Optometry Worldwide

Conference workshops heading to ICO

Optometry professionals and students from around the world are being offered an exciting opportunity to attend clinical workshops at the Illinois College of Optometry (ICO) as part of Advancing Optometry Worldwide, the World Council of Optometry's conference.

Delegates will receive free transport to ICO on the second day of the conference, taking place in Chicago from June 24-26, 2012, for a tour of the facility and the chance to attend a series of workshops or a lecture by the ICO's Professor Leonard Messner, O.D.

The clinical workshops will cover gonioscopy, fundus lenses, and binocular indirect ophthalmoscopy (BIO), while Dr. Messner's thought-provoking lecture will explore "the eye in neurological disease: an anatomically guided approach to disorders of the pre-chiasmal, chiasmal and retro-chiasmal visual pathways."

As well as the visit to ICO, the conference program also features speakers from around the world, including:

- ❖ Professor Kovin Naidoo, African chair of the International Agency for the Prevention of Blindness (IAPB) and Global Programmes Director of the International Centre for Eyecare Education (ICEE)
- ❖ Pete Kehoe, O.D., past president of the AOA
- • Professor Thomas Freddo, University of Waterloo, Canada
- • Clive Miller, chief executive officer of Optometry Giving Sight
- • Prema Chande, Lotus College of Optometry, India

Registration is open. Log on to *www.worldoptometry.org* and join us at *www.facebook.com/WorldCouncilOpt* to download the program and for up-to-date news and announcements on Advancing Optometry Worldwide as they happen.

Remembering SCCO professor emeritus Dr. Walter Chase

Walter Chase, O.D., professor emeritus at the Southern California College of Optometry (SCCO) passed away Feb. 27, 2011, after a lengthy struggle with Alzheimer's disease.

Dr. Chase served as a faculty member from 1966 to 2004 and was a gifted teacher; his primary interests were ocular motility and optics of the eye.

In addition, he served in numerous capacities with the American Academy of Optometry (AAO).

At the time of his retirement, the college established an endowment, the Dr. Walter Chase Faculty Teaching Excellence Award, thanks to contributions from colleagues and the Chase family.

"Having Walter Chase as a part of the SCCO faculty for 38 years has been a privilege and an honor as he was a beloved friend, colleague and a true gentleman," said Morris S. Berman, O.D., the college's vice president and dean of academic affairs.

Dr. Chase completed his pre-med education at Earlham College in Richmond, Ind., and matriculated to the optometry program at Indiana University.

Always a serious student, after receiving his optometry degree, Dr. Chase decided to continue on to graduate school where he became a teaching assistant in the university's computing center.

"It was an exciting time for this graduate student as the IBM computer there was the most powerful in the country at that time," Dr. Berman noted. "Eventually he was asked to teach a course in FORTRAN to university scientists and realized that teaching would be a significant part of his future. Walt's master's thesis was on building clinical data bases for computer studies. Though common now, this was a pioneering achievement in the early 1960s."

Dr. Chase's academic career was spent entirely at the SCCO where he taught many courses, including optics, visual psychophysics, sensory vision and professional ethics.

"This very gifted man was much beloved by colleagues and students, winning the accolade SCCO Teacher of the Year on several occasions," Dr. Berman recalled. "Over the years he generously contributed his time on numerous committees."

In an administrative capacity, Dr. Chase served as chair of the SCCO Department of Basic and Visual Science (1972-78), president of the SCCO Faculty Council, the college's director of research (1968-78), and its grants coordinator (1988-89).

"All these responsibilities enabled him to play a meaningful role in governance at the college. His experience and wisdom as a committee member was always valued by those who worked closely with him," Dr. Berman said.

Dr. Chase

Dr. Chase achieved membership in numerous professional organizations and was most proud of his association with the AAO.

Among his most significant accomplishments was the production of a videotape series for the AAO's "Living History" program.

"This series was recorded from 1988 to 1992 and contains invaluable historical perspectives of many of the Academy leaders who have helped shape the profession over the past 50 years," Dr. Berman said.

Contributions in memory of Dr. Chase for the Dr. Walter Chase Faculty Teaching Excellence fund can be sent to:
Office of Advancement
Southern California College of Optometry
2575 Yorba Linda Blvd.
Fullerton, CA 92831

Are You Connected?

Join the conversation, or start one up at AOAConnect!

A members-only perk, AOAConnect is a place where you can contribute to the profession on your own time and own terms.

Get started at http://*connect.aoa.org*.

Medicare billing certificate offered

The U.S. Centers for Medicare & Medicaid Services (CMS) now offers a certificate program for health care staff members who submit claims to Medicare Part B.

The Web-based program provides an overview of Medicare Part B as well as in-depth information on Medicare billing. It includes specifics on claim filing for various types of health care practitioners.

The course takes an estimated 21 hours to complete, according to the CMS.

Participation in the program involves taking a series of web-based training courses and reading required materials. A list of additional resources is provided.

Participants who score 75 percent or higher on an online assessment test will receive a Certificate in Medicare Billing for Part B Providers from the CMS.

The CMS offers a similar certificate program for Medicare Part A billing.

To participate in the Medicare Part B billing certificate program, visit the Medicare Learning Network website (*www.CMS.gov/MLNproducts*) and click on the "Web-Based Training Modules" link under the "Related Links Inside CMS" heading.

Medicare Shared Savings Program begins this month

The U.S. Centers for Medicare & Medicaid Services (CMS) launched its highly touted Shared Saving Program April 1. The agency was scheduled to release the names of participating accountable care organizations (ACOs) as this *AOA News* went to press.

Authorized under the Affordable Care Act, the Medicare Shared Saving Program will return a portion of savings to a federally authorized ACO that the ACO generates for the Medicare program as long as the individuals and entities delivering care for the ACO meet designated quality-of-care standards.

A second Shared Saving Program reporting period is set to begin July 1, 2012. The CMS is scheduled to announce the participating ACOs for that period late this spring, following a March 30 application deadline.

The CMS is scheduled to post an updated Shared Saving Program application form this spring for use by ACOs that wish to take part in the program's third reporting period, which begins Jan. 1, 2013. Applications for that reporting period will be accepted through Nov. 30, 2012, with participants announced just before the end of the year.

Neither federal rules for ACOs nor the Shared Savings Program require participation by optometrists. However, the program's strong emphasis on primary and preventive care delivered through high coordinated care teams effectively may encourage it, according to the AOA Advocacy Group.

Health care practitioners interested in the Medicare Shared Saving Program can find new information – including an updated edition of the Shared Savings Program Quality Measures and Performance Standards – on the U.S. Centers for Medicare & Medicaid Services (CMS) Shared Saving Program website (*www.cms.gov/sharedsavingsprogram*).

Transitions announces 2012 Diversity Advisory Board members

Transitions Optical, Inc. has announced its 2012 Diversity Advisory Board members – nine eye health and cultural experts who will help guide the Transitions Cultural Connections™ initiative. Formed in March 2010, the board represents expertise in the largest and fastest-growing minority demographic groups in the United States, including Hispanics, blacks and those of Asian heritage.

Board members work closely with Transitions Optical to ensure all of its multicultural efforts are culturally sensitive and appropriate and to identify new programs and tools to support eye care professionals in their own efforts to provide the best level of care for all patients.

New and returning members of the Transitions Diversity Advisory Board for 2012 include:

❖ Allert Brown-Gort – Allert is the associate director for the Institute of Latino Studies at the University of Notre Dame. A citizen of both the United States and Mexico, he has worked in both places on Latino, NAFTA and Latin American issues. His research interests include immigration policy and issues of national culture and psychology. He has served as an adviser to the U.S. Senate Hispanic Task Force.

❖ Brian Chou, O.D. – Dr. Chou is an optometrist at EyeLux Optometry, an optometric practice in San Diego. He has authored more than 60 eye care manuscripts, including Spanish Terminology for the Eyecare Team and book chapters on keratoconus, cataracts and laser vision correction.

❖ Edwin Marshall, O.D., MPH – Dr. Marshall currently serves as vice president for diversity, equity and multicultural affairs at Indiana University. In his role, he is leading the charge to double minority enrollment at Indiana University by 2013. Dr. Marshall also serves as a professor of optometry at the Indiana University School of Optometry.

❖ Drake McLean, optician – With more than 25 years of experience, McLean is an optician and president of Dietz-McLean Optical Company – a seven-store retail optical chain in south-central Texas that serves a large Hispanic patient base.

❖ Charlotte Parniawski, RN – Parniawski is a cultural diversity trainer with the National Multicultural Institute, as well as a registered nurse for Bridgeport Hospital in Bridgeport, Conn. She has a vast knowledge of the Culturally and Linguistically Appropriate Services (CLAS) standards in health care.

❖ Kirk Smick, O.D. – Dr. Smick is chief of optometry services at Clayton Eye Center in Atlanta, where he has served a culturally diverse patient base for 36 years. Dr. Smick is a frequent lecturer in the United States and abroad, and currently serves as chair of the continuing education committee for the AOA.

❖ Madeline L. Romeu, O.D. – An optometric physician in West New York, N.J., Dr. Romeu has been a key spokesperson for Transitions Optical's Hispanic-focused initiative and offers insight into cultural aspects of the Asian and Korean demographics. She is the chair of the AOA Hispanic Communications Project Team.

❖ Prof. David K. Yoo, Ph.D. – Dr. Yoo is a professor and the director of the Asian American Studies Center at the University of California at Los Angeles. He is the author of several books focusing on Asian American culture, and has been published in venues including *American Quarterly* and *Amerasia Journal*.

❖ Vincent Young, M.D. – chair of the Division of Ophthalmology at Albert Einstein Medical Center in Philadelphia, Dr. Young brings his experience with a black patient base, as well as his knowledge of the impact of diabetes on multiple ethnic groups.

"We have been so impressed by the level of engagement seen among our board members, from consulting with us on our latest education and tools, to contributing best practices on our new multicultural blog," said Manuel Solis, multicultural marketing manager, Transitions Optical. "With their support, we are confident we will continue to make strides in raising awareness of the unique needs of diverse patient groups, and how eye care professionals can increase their patient base and enhance satisfaction through culturally sensitive outreach and care."

Found at *www.Transitions.com/MulticulturalBlog*, the multicultural blog provides insights and tips from Diversity Advisory Board members on developing and maintaining a culturally sensitive eye care practice. It also serves as a forum for other eye care professionals to post comments and questions for the blog authors.

Transitions introduces 'My Multicultural Toolkit'

Transitions Optical, Inc. introduced a new resource – *MyMulticulturalToolkit.com* – to serve as an eye care professional's guide to meeting the needs of today's growing minority populations. Compiling the popular tools and education offered to eye care professionals through the Transitions Cultural Connections™ program, the new online resource explains the reasons to focus on culturally diverse patients and provides a step-by-step guide to success, linking to helpful resources along the way. The toolkit also gives eye care professionals the opportunity to save specific links and resources to their own personalized "My Dashboard" for easy, future use.

Transitions Optical has received more than 100,000 requests for its resources through the multicultural initiative since the program began five years ago, which demonstrates the significant interest in this area, according to Manuel Solis, multicultural marketing manager, Transitions Optical.

"That said, taking advantage of a specific resource isn't the same thing as implementing a more integrated effort, which can be more daunting for many eyecare professionals," said Solis. "Fortunately, My Multicultural Toolkit shows that the process can be quite manageable and very worthwhile, by better meeting the needs of current and future patients, while also addressing an important business growth opportunity."

My Multicultural Toolkit focuses on four key steps to grow an eye care professional's business and improve patient satisfaction with culturally diverse patients:

❖ My Community, which guides eye care professionals on how to learn more about the demographic groups that live in their regions with the Transitions MAP (Market Area Profile) tool.

❖ My Practice, which helps eye care professionals establish a better environment for culturally diverse patients by educating staff and providing bilingual and in-language patient resources.

❖ My Marketing, which provides strategies to attract culturally diverse patients, and offers access to tools, such as the Transitions® Marketing Wiz to build a unique marketing strategy for the practice, and the Transitions Online Marketing (TOM) Tool to develop customized materials.

❖ My Industry, which helps eyecare professionals learn what other industry professionals are doing to promote cultural competency and connects them with peers to share best practices and strategies.

A complimentary brochure making the case for My Multicultural Toolkit is available through Transitions Optical Customer Service at 800-848-1506. The brochure features statistics on the eye health needs of the three largest minority populations in the United States – Hispanics, African Americans and Asian Americans – and tells the story of typical patients among these groups from a first-person point-of-view. These stories are highlighted on the My Multicultural Toolkit tab of the Transitions Lenses: Healthy Sight Professionals Facebook page, and will be featured in trade advertising.

Retired practitioners remain ambassadors for optometry

The latest 3-D movies and video games, high school sports injuries, infants and children with vision problems, the prospects for health care practice in a reformed health care system – just the kinds of topics a gathering of retirees, most over 70, might be expected to talk about, at least at the Irving Bennett Retired Optometrist Luncheon.

"I'm as fired up as ever about optometry."

Two to four times a year, for the past 20 years, 30 to 40 retired optometrists have gathered near Sarasota, Fla. to renew friendships and share practice stories, according to Floyd Mizener, O.D., the 87-year old Illinois Optometric Association (IOA) past president who organizes the event. However, they also review recent health care developments and discuss their continuing efforts to ensure top-quality eye and vision care for Americans, he adds.

"Optometrists by and large tend to be highly dedicated to their profession and very often remain highly effective ambassadors for eye and vision care after their retirement from active practice," said Dr. Mizener, who helped lead efforts to enact Illinois' 2007 mandatory school eye examination laws and still sets vision standards for the Illinois State Police.

Far from intimidated by new developments in eye care or the health care system, attendees at the "old timers" luncheons are "excited" about emerging practice opportunities – notably renewed interest in the "functional optometry" most practiced over most of their careers – and "enthusiastic" about recent AOA initiatives to advance the profession, Dr. Mizener said.

Of particular interest at the January meeting was the AOA's new 3-D Vision Initiative to encourage greater public understanding of vision problems associated with three-dimensional media, Dr. Mizener said.

Semi-retired Georgia practitioner Bill Sharpton, O.D., who authored "Public education on three-dimensional (3-D) media" in the March 2010 edition of *Optometry: Journal of the American Optometric Association*, flew down for the luncheon in January to discuss his community outreach efforts on 3-D vision and other eye care issues.

"I'm as fired up as ever about optometry," Dr. Sharpton said in a recent email to *AOA News*. "It was a real thrill for me to be in the presence of so many retired and prominent optometrists whose various achievements over the years are a big part of the reason that the profession of optometry is what it is today."

Dr. Mizener recently enlisted a former patient, who operates a 14-location Illinois movie theatre chain, to garner support within the National Association of Theatre Owners for an AOA-backed plan to show standardized on-screen notices regarding binocular vision problems prior to all 3-D movies.

Retirees at the meetings are equally enthused about the emerging field of neuro-optometry and the growing role optometrists can now play in diagnosing concussions in a range of patients from school age-athletes to military veterans, Dr. Mizener said.

Among the AOA-backed federal legislation drawing praise at recent meetings: The Harkin Amendment that was enacted as part of the 2010 Affordable Care Act and, beginning in 2014, will prevent public and private health plans from differentiating among licensed and certified health professionals with regard to health plan participation or coverage.

State laws mandating eye exams for children entering schools or for driver license renewal, have also been well-received at the meetings.

Most of the regular attendees at the Florida luncheons were active at various levels of organized optometry during their years in practice, according to meeting namesake and well-known practice management author Irving Bennett, O.D. Among those who have "dropped in" are AOA Past Presidents Al Bucar, O.D., and Howard Winton, O.D., he says.

"They continue to be interested in the politics of the association and in the laws being enacted on behalf of their profession at the national and state level," Dr Bennett said.

Because the meetings often center on current events, they now occasionally draw practicing optometrists. Illinois College of Optometry President Arol Augsburger, O.D., is among the recent attendees.

Although he serves as meeting host, Dr. Bennett says he feel "undeserving" of the recognition afforded by the gathering's name, noting that Dr. Mizener organizes the event. The meetings began 20 years ago when then-recently retired Chicago practitioner Lawrence Vogel, O.D., who had just relocated to Sarasota, ran into Dr. Bennett by chance and proposed a "get together" for retired optometrists who had moved to Florida or spend winters there. He called his old friend Dr. Mizener to help organize the event.

Dr. Bennett notes that the luncheons have no "official" name and are often simply referred to at the "old timers" meetings.

However, Drs. Bennett and Mizener agree that, whatever the event may be called, it appears to demonstrate a lasting commitment on the part of optometrists to their profession.

"In a time of tremendous change in both eye care and the health care system, retired optometrists can make very important contributions. Generally free of the responsibilities entailed in maintaining a practice and raising a family, they have time they can devote to advocacy for worthwhile causes. Moreover, having developed the community relations skill necessary to build a practice and the understanding of the legislative processes necessary in a regulated profession, they have the expertise to be effective," Dr. Mizener said.

"Does optometric life exist after practice?" Dr. Bennett asked rhetorically. "It does."

From left, Floyd Mizener, O.D., William Moskowitz, O.D., Bill Sharpton, O.D., Irving Bennett, O.D., and Robert Morrison, O.D.

From left, Floyd Mizener, O.D., and Irving Bennett, O.D.

From left, Will Lyons, O.D., and wife Joyce, who still writes feature articles for the Illinois Optometric Association (IOA) Journal, and Past IOA President Allen Baker, O.D., with wife Stella.

Chrysler,

from page 1

a key role in talks with Chrysler and Blue Cross officials as well as in last year's UAW VEBA decision.

The Chrysler major medical plan will now honor claims from optometrists for any eye health services within their scope of practice, including:

- Evaluation and management services
- Diagnosis and treatment of selected medical conditions, including infections and glaucoma, and
- Management of post-operative cataract extraction patients who have been referred to the optometrist by an ophthalmologist.

"On behalf of the AOA and the MOA and the profession of optometry, I applaud the insight of Chrysler Corporation for making this important policy change for their active and retired workers. Improved eye health care, better access, and reduced costs make this policy change an important addition for the Chrysler workers and their families," Dr. Agnone said.

Last month's change in the Chrysler health plan came following years of talks with company and Blue Cross/Blue Shield officials, Dr. Agnone said.

Optometrists who see employees of the various Chrysler facilities around the nation can begin billing the health plan immediately.

However, Blue Cross/ Blue Shield administrators say it will take approximately 60 to 90 days to load necessary billing codes and information on local optometrists into their computer system.

Claims received before the Blue Cross computers are ready will be held and processed as soon as the system is able, Dr. Agnone said.

Additional information is to appear in Blue Cross/ Blue Shield's *Record* newsletter by May or June.

"The American Optometric Association and the state affiliates like the Michigan Optometric Association are the only organizations out there knocking on doors like Chrysler and the UAW and advocating for change that allows access for patients to see their optometrists for medical eye care. No one, and I mean no one else, is doing this for the profession."

Optometrists who have questions on billing the health plan may wish to contact benefit managers at local Chrysler facilities at that time.

Attitude change

"Access to medical plans is the key to the future for optometry," Dr. Agnone said. "It is important for optometrists around the nation to pursue coverage for the medical eye care services provided in their practices under insurance programs."

"The American Optometric Association and the state affiliates like the Michigan Optometric Association are the only organizations out there knocking on doors like Chrysler and the UAW and advocating for change that allows access for patients to see their optometrists for medical eye care. No one, and I mean no one else, is doing this for the profession," Dr. Agnone said.

While virtually all health plan officials acknowledge that coverage of eye care services by optometrists will increase patient access to care, many fear the increased access will lead to increased utilization of services and overall increases in plan costs, Dr. Agnone acknowledged.

Employer-based plans such as Chrysler's – that are organized under the federal Employee Retirement Income Security Act (ERISA) and exempt from state patient access and mandated benefits laws – have traditionally been among the most resistant to covering medical services provided by optometrists.

However, recent years have seen a change in the attitudes of public and private health plan administrators, with Chrysler being a good example, Dr. Agnone said.

Though now enjoying a sales resurgence, Chrysler, which restructured under bankruptcy in 2009 with the help of a much-publicized federal bailout, remains highly cost- and efficiency-conscious, according to Dr. Agnone.

"They are out to save money. I showed them how optometry can do that by providing accessible, cost-effective, quality eye care," he said.

The availability of medical eye care in optometric practices helps to avoid costly emergency visits. It also prevents costly referrals to ophthalmologists when a condition is diagnosed in the course of a routine optometric eye exam, Dr. Agnone said.

Such referrals result in not only a charge to the insurance plan for a second office visit, but a visit billed at a higher "new patient" rate, Dr. Agnone noted. Dr. Agnone summarized the benefits of optometric eye care in an AOA Third Party Committee White Paper he wrote and provided to Chrysler, Blue Cross and UAW executives. Based on such efficiencies, Medicare, state Medicaid plans, and numerous HMOs now cover medical care by optometrists, Dr. Agnone noted. That trend is increasingly evident to the administrators of employer-based plans.

"Medicare is the gold standard," Dr. Agnone said. "Once they understand that Medicare covers medical services by optometrists, they begin to consider why they should."

Also important is the increasing acceptance of optometric eye care among Blue Cross/Blue Shield organizations over recent years, Dr. Agnone said.

The nation's 38 Blue Cross/Blue Shield companies administer thousands of public and private health plans, he noted. Both the Chrysler and UAW trust plans are administered by Blue Cross/ Blue Shield of Michigan.

The AOA Third Party Center encourages AOA members to pursue coverage of optometric medical eye care by employer-based health plans in their practice areas.

AOA members can obtain copies of Dr. Agnone's white paper and other resources from the center by contacting staff person Lendy Pridgen at 703-837-1013 or *LPridgen@aoa.org*.

E-signatures now allowed on SSA disclosure authorizations

Starting April 21, 2012, adults who apply for Social Security disability benefits online will be able to sign information disclosure authorizations electronically, according to the Social Security Administration (SSA).

That means optometrists and other health care practitioners may soon begin noticing e-signatures on the Authorization to Disclose Information to the Social Security Administration Social Security Administration (Form SSA-827) documents they receive on behalf of disability claimants, according to a March 22 open letter to health care providers from SSA Commissioner Michael J. Astrue.

The new e-sign option is intended to make the filing and processing of online disability applications more efficient for both claimants and administrators, according to the SSA. Disabled persons who filed for benefits online have heretofore had to print out and manually sign and mail information disclosure forms, the agency notes.

Information disclosure forms for applicants who file for benefits in Social Security field offices or by telephone will continue to have "pen and ink" signatures, the agency notes.

"This improvement for our claimants will not change how we request records from you or the current HIPAA-compliant form that you already accept," the agency emphasized.

Optometrists receive SSA information disclosure authorizations when asked to document visual disabilities, the AOA Advocacy Group noted.

The SSA's open letter to health care providers can be accessed online at *http://go.usa.gov/EUu*. Information regarding Social Security's new electronic signature process can be accessed at *http://go.usa.gov/P7V*.

Optometry's Meeting® continuing education: exceeding expectations through innovation

By Ben Gaddie, O.D., chair, Meetings Center Continuing Education Committee

Attendees will have the opportunity to learn from some of the most distinguished speakers in the nation at the 2012 Optometry's Meeting® in Chicago, Ill.

The program boasts exciting topics, new speakers, and interactive course formats! Continuing education begins on Wednesday, June 27 and continues through Saturday, June 30. Pre-register for your continuing education (CE) to receive early bird rates!

Optometrists can choose from more than 200 hours of accredited continuing education and thanks to our generous educational supporters, there are multiple opportunities to attend some of the courses at no charge.

The program was created to fulfill any optometrist's educational needs, so a wide-variety of topics and learning formats are included.

Be sure to attend the always-popular breakfast symposiums on Thursday, Friday, and Saturday and the newly added lunch symposiums on Saturday. The symposiums are filling up fast, so register now to reserve your seat!

Last year's Specialty Day was such a success that we decided to once again partner with the societies to give you access to the most cutting-edge education available.

Specialty courses from six innovative optometric societies are scattered throughout the program on Thursday, Friday, and Saturday.

The participating societies include: College of Optometrists in Vision Development (COVD), the Optometric Council on Refractive Technology, the Optometric Glaucoma Society (OGS), the Ocular Surface Society of Optometry (OSSO), the Optometric Retina Society (ORS), and the Vision Leads Foundation.

Please note, the courses are open to all Optometry's Meeting® attendees and you are not required to be a member of the society.

If you are looking for a fresh new concept on rapid-fire CE, then do not miss a course in the Pardon the Objection (PTO) series!

The courses will be comprised of fast-paced discussion and lively debate by a panel of respected experts.

Wait…there is a twist.

Attendees will see a run-down of all topics and the amount of time left in the each discussion on the screen.

At the end of each discussion, the panel wants to hear your opinion on the debate through audience responses via text messaging.

With which of the panelists will you agree?

The five topics in the series include: anterior segment, contact lenses, glaucoma, new technology, and practice management.

The paraoptometric program consists of three new tracks of education that will not disappoint!

The three tracks will cover assistant/technician, optical/contact lens, and practice management education.

All of the courses are designed to keep the optometric staff educated on the latest developments in patient care, new products in the industry, general knowledge of eye health, and career advancement.

The interactive student program is guaranteed to benefit the future of optometry.

The education program includes courses that will give students valuable information about the transition from student to doctor; tips to achieve professional success; the importance of getting and staying involved in the profession; unique and complicated patient cases; and creating a niche in an optometry practice.

Past student evaluations indicated a need for interactive and engaging courses and this year we are delivering. All of the student courses will encourage participation through smartphone technology!

All of the student courses will encourage participation through smartphone technology!

We see 3-D everywhere. Are you educated? The innovative 3-D education symposiums will give you the necessary information and tools to help ensure your practice captures both the public health benefits of 3-D and capitalizes on the potential for new patients.

The symposiums on Thursday and Friday will discuss the visual challenges of 3-D technology and 3-D vision syndrome and how you can transform patients into better 3-D consumers.

These courses will set the stage for the free Saturday symposium that will cover the overall 3-D experience. This is your chance to hear from the pioneers of 3-D in optometry and participate in demonstrations of this technology.

Dr. Gaddie

Come join us at the 115th Annual AOA Congress & 42nd Annual American Optometric Student Association Conference: Optometry's Meeting®.

Visit *www.optometrys-meeting.org* for complete information and to register today!

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  - Self-assessment quizzes help you focus your study time
  - Repeat a unit to better understand the material
- Access supplemental resources
  - Recorded audio and video lectures at the click of a mouse
  - AOA Optometric Clinical Practice Guidelines assembled in one place
  - Articles from Optometry: Journal of the American Optometric Association grouped by relevant subjects
- Continuing education finder that lists for-credit CE courses (searchable by ZIP code, city, state or topic)

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Check out EyeLearn today @ www.aoa.org/eyelearn!

EyeLearn™ course spotlight

Vision rehabilitation board certification review course can assist with patient care

With the nation's older adult population rapidly increasing, vision rehabilitation ought to be one of optometry's fastest growing fields, according to Mark Wilkinson, O.D., clinical professor of ophthalmology and director of the Vision Rehabilitation Service at the University of Iowa's Carver College of Medicine.

By 2030, the number of Americans over age 60 is expected to double. In addition, health conditions commonly considered to be risk factors for vision loss are also on the increase. Some 5.3 million Americans have diabetes. The nation's black and Hispanic populations – both prone to glaucoma – continue to grow.

Yet AOA Scope of Practice Surveys indicate only about one-third of practices offer any vision rehabilitation services at all, let alone a comprehensive range of such services.

Practitioners commonly fear that vision rehabilitation will be too time-consuming and troublesome or will require specialized skills and equipment their practices cannot afford to offer, Dr. Wilkinson notes.

For that reason, Dr. Wilkinson's Vision Rehabilitation Board Certification Review Course provides the busy, practicing optometrist a simple, step-by-step approach that can be used to make the diagnosis and care of low vision problems practical in almost any optometric office.

Like other EyeLearn™ offerings, the course was developed, in part, to provide a helpful refresher for optometrists who are preparing to take American Board of Optometry (ABO) board certification examinations.

However, the course also "will allow you to provide even better care for your patients, either directly or by referral to a colleague who provides vision rehabilitation care," Dr. Wilkinson emphasizes in the course's opening segment.

"It is important to remember that vision rehabilitation is part of the continuum of care that we provide to our patients throughout their lives," Dr. Wilkinson adds.

Rehabilitation is used when a disease or disorder (in the case of vision, conditions such as cataract, macular degeneration, glaucoma, retinitis pigmentosa, eye injury, etc.) results in an impairment (i.e., decreased visual acuity, visual field loss, reduced binocularity, or color perception problems) that, if left untreated, can lead to a disability (the loss of ability to perform desired or necessary functions).

The objective of vision rehabilitation is to enable the patient to overcome their visual disability with the use of prescriptive devices and rehabilitative training to maximize the use of the remaining vision and/or provide alternate ways to accomplish needed and desired activities, Dr. Wilkinson noted.

Therefore, vision rehabilitation requires practitioners to accurately determine not just the pathology underlying a vision problem but the specific needs and goals of the patient, Dr. Wilkinson said.

This entails a number of extra steps not required in most forms of eye and vision care, Dr. Wilkinson acknowledges. However, the EyeLearn™ Vision Rehabilitation course will in just two hours provide a detailed review of key elements of a rehabilitation program that any practitioner can utilize, he says (see box).

New "high-tech" electronic low vision devices – including many using advanced cell phone or digital processing technology – allow optometrists to now offer individuals who are visually impaired a wide range of corrective options that are increasingly portable, affordable, appropriate for patients with physicals disabilities, and above all, easy to use and view, Dr. Wilkinson notes.

Vision rehabilitation today emphasizes a care team – generally including the patient's general practice medical doctor, occupational therapist, orientation and mobility specialist and other professionals – it can provide an optometrist an important networking opportunity at a time when new care models such as medical homes and accountable care organizations are encouraging optometric involvement in health care teams, Dr. Wilkinson notes.

Low vision devices are often not covered under health care plans, Dr. Wilkinson acknowledges. However, many practitioners are looking toward non-covered products and services as a hedge against stagnant third-party reimbursement levels, he notes.

While low vision testing can in some cases require specialized equipment, most can be accomplished with the standard instrumentation found in an optometrist's practice and special eye charts or card sets – such as the Feinbloom visual acuity charts – that are neither expensive nor difficult to use, Dr. Wilkinson notes during the course.

However, the best reason for practitioners to pursue vision rehabilitation is

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> *"It is important to remember that vision rehabilitation is part of the continuum of care that we provide to our patients throughout their lives."*

EyeLearn™ Vision Rehabilitation Board Certification Review Course (120 minutes)
User rating: 4 Stars

Part 1- Vision Rehabilitation: Continuum of Care (12 minutes)

Part 2- Structured Vision Rehabilitation Exam (9 minutes)

Part 3- Types of Visual Impairments (17 minutes)

Part 4- Vision Rehabilitation Testing Techniques (32 minutes)

Part 5- Principles of Magnification (6 minutes)

Part 6- Optical Magnification, Filters, and Non-Optical Devices (23 minutes)

Part 7- Electronic Magnification Devices (7 minutes)

Part 8- Patient Education (10 minutes)

Part 9- Community Support Services (4 minutes)

EyeLearn™,

from previous page

the satisfaction it can provide, according to Dr. Wilkinson.

"The old days of an elderly person living at home with family and not hearing or seeing so well are over. Today, people are continuing to live active lives longer," Dr. Wilkinson observed.

"The practitioner who can assist those who suffer vision loss, which cannot be corrected with conventional lenses, and help them continue to live happy and productive lives will be a valued, sought-after member of a community – and not just among older adults and their families, but among other health care practitioners," he said.

The course has so far drawn a four-star rating from online students.

Like all EyeLearn™ courses, the Vision Rehabilitation Board Certification Review Course is presented in a series of interactive learning modules that allow practitioners to log on and access the learning materials whenever they are ready.

"The old days of an elderly person living at home with family and not hearing or seeing so well are over."

Modules range in length from a mere five minutes to just over a half hour. The entire course can be completed in just under two hours.

The electronic format allows those taking the course to pause at any point and return to the course later. They can immediately repeat a unit if they do not adequately understand the material covered.

Each unit comes with one or more self-assessment quizzes that appear periodically. Course handouts are provided on the EyeLearn™ website. Course takers can even follow the speaker word-for-word using course transcripts that are also provided on the site.

In addition to interactive learning modules, practitioners can easily access supplemental resources such as AOA Optometric Clinical Practice Guidelines and articles from *Optometry: Journal of the American Optometric Association* as well as a range of pre-recorded audio or video lectures.

A Continuing Education (CE) Finder feature allows optometrists to find appropriate classroom continuing education programs on vision rehabilitation and related subjects, offered by state optometric associations, regional optometric organizations, and the AOA.

The EyeLearn™ online education portal is an exclusive AOA member benefit. AOA members can take courses and access materials free of charge.

The optometric education portal can be accessed at *www.aoa.org/eyelearn*.

Optometry's Fund for Disaster Relief ready to assist tornado victims

Optometry's Fund for Disaster Relief, administered by Optometry Cares®, is ready to assist optometrists whose practices and/or homes were impacted by recent tornadoes in Southern and Midwest states.

The fund provides immediate assistance in the aftermath of natural disasters.

Optometrists may contact their state association or Optometry Cares® directly to initiate financial assistance.

To ensure that funds are always available for all who need assistance, AOA members are encouraged to make a donation to Optometry's Fund for Disaster Relief.

Your contribution is tax deductible to the fullest extent of the law, as no goods or services are furnished by the Optometry Cares® – The AOA Foundation, a 501(c) (3) organization, in exchange for the gift to Optometry's Fund for Disaster Relief.

Contributions can be mailed to Optometry's Fund for Disaster Relief, 243 N. Lindbergh Blvd., St. Louis, MO 63141.

To contact Optometry Cares®, email foundation@aoa.org or call 800-365-2219, ext. 4200.

Visit *www.aoafoundation.org* for more information.

Vistakon support furthers progress of InfantSEE® program

Throughout the country, urban or rural, affluent or poor, babies have been identified through the InfantSEE® program who were not otherwise diagnosed with vision problems. The program is continuing its mission of ensuring that eye and vision care becomes an integral part of infant wellness care to improve a child's quality of life thanks to the ongoing support of The Vision Care Institute™, LLC, a Johnson & Johnson company.

Under this program, volunteer AOA optometrists provide comprehensive eye and vision assessments for infants within the first year of life regardless of a family's income or access to insurance coverage. There are 7,667 InfantSEE® providers across the country.

"Together with the AOA and thousands of volunteer optometrists, we are helping parents recognize the importance of early eye exams and setting in place habits that will lead to a lifetime of healthy vision," said W. Lee Ball, O.D., associate director, Professional Affairs, Vistakon® Division of Johnson & Johnson Vision Care, Inc.

Data show 10 percent of babies seen have risk factors and need follow-up care, which is very significant.

The Centers for Disease Control and Prevention grant awarded to InfantSEE® allowed the program to show the incidence of problems was significantly greater in minority and lower socioeconomic communities.

Even when identified, these babies and their families often need guidance and assistance in finding resources to care for the problems and conditions identified.

Since the inception of the program, nearly 85,000 babies have been seen, and nearly 9,000 have been identified with problems (one in 10).

"Since the inception of InfantSEE® in 2005, The Vision Care Institute™ has committed more than $3 million to this vital public health program," said Dr. Ball. "Educating the public about the importance of eye care exams as an integral part of health care at all ages and stages of life is a core component of our educational efforts."

At least eight cases of retinoblastoma and 20 cases of congenital cataract have had their initial diagnosis through the InfantSEE® program.

Many other babies have been on a path of developmental delay when, in fact, it was a vision issue that was interfering with overall development.

In 2007, Alaina Soza was found to have +12.00 D of hyperopia at an InfantSEE® workshop. Little Alaina was not performing up to her expected level of development during her early life. It was determined that she had a marked amount of farsightedness that prevented her from knowing where things were around her to reach for them. After receiving her glasses, most of her developmental issues were resolved.

InfantSEE® providers continue to see patients at 4 and 5 years of age who are in need of care that, if provided at an earlier age, would have prevented many days of frustration for the parent.

"The ongoing support from Johnson and Johnson Vision Care has provided InfantSEE® the infrastructure that supported the overall development of the program," said Glen Steele, O.D., chair of the InfantSEE® Committee. "As we have developed our roots, their support has allowed us to link with agencies and organizations with similar interests in babies in order to identify problems and conditions at the earliest possible level."

InfantSEE® statistics

Babies Indentified with Problems	8,963
Problems Identified	11,991
Visual Acuity	1,387
Ocular Motility	781
Binocularity	2,530
Refractive Status*	5,133
Ocular Health	2,160

**Hyperopia, Myopia, Astigmatism, Anisometropia*

Optometric Historical Society to honor Dr. Irv Borish

Every year the Optometric Historical Society holds a Reminisce-IN honoring optometry's heritage and history. This year the meeting will be held during Optometry's Meeting® in Chicago on Thursday, June 28 at 3 p.m.

The meeting will honor the life and contributions of Irvin Borish, O.D., considered by many as the father of modern optometry.

Dr. Borish passed away at age 99 on March 3, 2012.

The tribute to Dr. Borish will be led by his longtime friend Alden N. Haffner, O.D., president emeritus of the State University of New York State College of Optometry.

Dr. Borish was known as the architect of modern optometry. He was a member of the founding committee of the School of Optometry at Indiana University. He authored the definitive reference text on clinical optometry and was named the most influential optometrist of the 20th century.

You will not want to miss this stirring tribute to one of the great men of modern optometry.

Grateful VISION USA patient shows appreciation

AOA member support of VISION USA means so much to the individuals the program serves. A grateful patient showed her gratitude to Nancy Herlevich, O.D., of Florida for her philanthropic service to her community.

"Dear VISION USA, Just wanted to thank you for being there. I had my eye exam and received new glasses from Dr. Herlevich. She was very nice and the staff was wonderful and friendly. I'm not used to being on the receiving end of assistance. But they treated me just as any other client. Thanks to each and every one who works at VISION USA! Your organization made a difference in my life!"

A staggering number of Americans — nearly one in two — have fallen into poverty or are scraping by on earnings that classify them as low income.

So many of these individuals do not have health insurance and cannot afford life's basic necessities, let alone the cost of routine eye care.

These issues coupled with the nation's current economic woes have increased the need for the care that VISION USA provides.

Give back to your community by making your gift to VISION USA today at *www.aoafoundation.org/give*.

Or join Dr. Herlevich by providing your services pro-bono. Sign up to be a VISION USA provider by emailing *visionusa@aoa.org*.

Joining a practice as an associate can be a stepping stone

By Christopher Wolfe, O.D.

Joining a practice as an employed associate can be a catapult to practice ownership.

An associate can undergo a trial period to decide if a particular practice is a good fit for them.

At the same time, the employer can evaluate the associate to determine if they will be a good match for a long-term relationship and if a partnership is obtainable.

As a potential associate, it is critical to understand the factors that lead a practice to take on a new employed doctor and the factors that influence salary and benefits.

When joining a practice it is important to determine if a particular practice can support another practitioner.

While one indicator of a good associateship opportunity is a gross income equal to or above the national average for similarly sized practices, other factors can also be indicators for a good associate opportunity.

These include an appointment book full weeks in advance, loss of young and new patient base, doctor volume that prohibits opportunities to provide unique services, an owner doctor who would like an exit plan or would like to reduce time in the practice.

When looking at the salary an associate is expecting to earn, one also needs to evaluate the cost the employer will incur by having an associate on staff.

For example, if the associate determines he or she wants to make a salary of $100,000 annually, and the net income of the practice is one-third of the gross, then the associate must generate a gross income of $300,000 annually to pay his or her way.

If the gross revenue per patient for an associate is $250, he or she would have to see about 1,200 patients per year (about five per day) to generate this revenue.

Salary is not the only form of income an associate

See Associateship, page 36

Finding the perfect fit just got easier.

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'Ask the Codeheads'

Confusion reigns with new codes for therapeutic contact lenses

Edited by Chuck Brownlow, O.D., Medical Records consultant

Effective Jan. 1, 2012, Current Procedural Terminology (CPT© American Medical Association) deleted 92070, the code that has been used for years to report the fitting and supply of a bandage contact lens.

Code 92070 has been replaced by two new codes:

❖ 92071, fitting of contact lens for treatment of ocular surface disease, and

❖ 92072, fitting of contact lens for management of keratoconus, initial fitting

CPT has made it clear, both in CPT Assistant and CPT Changes: An Insider's View 2012, that the new codes are meant to be used for reporting the fitting of the lens only and that neither code includes the supply of the lens.

CPT offers additional notes for the new codes, including "(Do not report 92071 in conjunction with 92072)" and "(Report supply of lens separately with 99070 or appropriate supply code)".

Because 99070, supply of materials, is commonly rejected by Medicare carriers and some other insurers, it may be wise to use "appropriate supply codes" to report the supply of the contact lens in combination with 92071 and 92072.

The only "supply codes" we know of are the V codes, V25XX, in the CMS Healthcare Common Procedure Coding System (HCPCS).

We know some insurers have followed that logic and consider the HCPCS codes to be appropriate, though apparently others have not.

Several challenges have arisen with respect to insurers' handling of the new codes:

1. Some insurers have not changed their internal listings of CPT codes to include 92071 or 92072 and are requiring bandage lenses be reported using the deleted code, 92070. We assume this issue is self-limiting and all carriers will eventually begin using the new codes.
2. Some insurers, including some Medicare carriers, are treating the new codes as they did 92070 and consider the supply of the lens to be included in the reimbursement for 92071 and 92072.
3. Medicare and some other insurers never reimburse for 99070, supply of materials, making it fruitless to bill 99070 in combination with either 92071 or 92072.
4. Some Medicare carriers view all HCPCS codes (and possibly other supply codes) as being covered by Medicare's Durable Medical Equipment, Prosthetics, Orthotics, and Supplies (DMEPOS), rather than by Part B Medicare; yet we have not heard of any doctor being successful in receiving payment from DMEPOS for a bandage contact lens.
5. Some insurers do not consider keratoconus to be a medical condition and thus will reject any claim for 92072, with or without materials, due to the diagnosis.

AOA volunteers and staff have been busy trying to identify solutions to all of these challenges.

❖ Hopefully #1 and #2 will be solved as the offending insurers are snapped into the reality that CPT codes change each year, which will lead to their quietly making updates to their internal list of approved codes, and applying the definitions of the new codes in their consideration of claims

❖ #3 and #4 will require additional work by representatives of the AOA and the American Academy of Ophthalmology to get additional clarification from CPT as to what they had in mind with "appropriate supply codes" and to then distribute that information to their members

❖ #5 has been an ongoing challenge for decades and the efforts to get insurers to recognize keratoconus as a medical condition, not a contact lens issue, are ongoing.

The role of the AOA is pretty well defined as these new codes gain wider use, and progress in those efforts will continue to be reported in the appropriate AOA media.

It's also important that all AOA members and members' staff consider themselves to be involved in the problem-solving process as well.

Please take action whenever you find an insurer that seems to not realize codes have changed or seems to be using or rejecting codes in ways that are not consistent with the official CPT definitions.

See Codeheads, page 36

Please take action whenever you find an insurer that seems to not realize codes have changed or seems to be using or rejecting codes in ways that are not consistent with the official CPT definitions.

AOA Coding Resources

The following resources are available to AOA members through the AOA's Clinical & Practice Advancement Group:

❖ AOA.org/Coding features a "Frequently Asked Questions" section for members only, providing questions asked by AOA members and the answers provided by AOA volunteers and staff.

❖ AskTheCodingExperts@AOA.org offers AOA members the opportunity to e-mail their coding question and have it answered by an AOA staff or volunteer who is very knowledgeable in medical records and coding.

❖ AOA Coding Webinars are provided as an AOA member-only benefit to educate doctors and staff on medical recording keeping and coding.

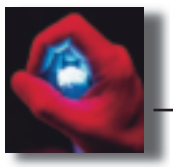
❖ AOAConnect is a social networking site and features a Coding & Billing Group where AOA members, students, volunteers and staff can share information that specifically relates to coding and billing (*connect.aoa.org*).

❖ AOACodingToday.com is an AOA member-only benefit available to all AOA members at no cost (previously $349). CodingToday.com is a Web-based resource for information related to procedure and diagnosis codes, national and local coverage rules, and Medicare relative value information.

❖ AOA.ReimbursementPlus.com Suite, a customized version of the industry-leading CPT Data & Information Service, ReimbursementPlus® is the leading cloud-based service for any information related to procedure and diagnosis codes, fee analysis, CMS reimbursements, national and located coverage rules, CCI edits and any other CPT information desired, all specific to the practitioner's ZIP code. *AOA.ReimbursementPlus.com* provides critical real-time information that will greatly benefit AOA members in medical coding and compliance within their eye care practices.

❖ Codes for Optometry is provided by the AOA's Order Department for $135. It is a two-volume set including Current Procedural Terminology© American Medical Associaiton codes and a separate volume of diagnosis codes used in eye care, Medicare's Correct Coding Initiative, the HCPCS codes for reporting materials in Medicare, and the Documentation Guidelines for the Evaluation and Management Services. Codes for Optometry is available on a CD in a searchable format.

AOA volunteers and staff have always been devoted to assisting members in dealing with the challenges of everyday practice life, including those related to insurance programs. The AOA is excited to bring this expertise directly to members' offices as a value-added member beneift. Much of these benefits are provided at no cost or at greatly reduced cost to AOA members.



Drug-dispensing contact lenses a reality

By Geoffrey G. Goodfellow, O.D., and Dominick M. Maino, O.D.

Eye care providers are readily familiar with the vision and cosmetic benefits that contact lenses afford over spectacles. Most of these clinicians are also aware of the more medical applications of such devices in the form of bandage contact lenses and orthokeratology. However, another important medical use for contact lenses is nearing reality – pharmaceutical dispensing.

Such drug-dispensing contact lenses may make the traditional eye drop a thing of the past.

Researchers have developed methods for lenses to deliver drug doses evenly for anywhere between one and 30 days depending on the type of lens material used.

This may translate into drug delivery that is significantly more effective than eyedrops.

Studies from Auburn University estimate drug delivery via contact lenses is 100 times better than regular eyedrops.

Applications of such lenses include continual medication delivery for conditions such as glaucoma, eye inflammation, infections, and allergies.

For optometrists to provide this technology to our patients, it is necessary that we have the legislated authority to handle these medical devices.

Traditional drops have their problems. The drug is washed away by tears, can sit around inside the cul-de-sac unabsorbed, or have trouble permeating the corneal epithelial membrane. It is estimated 1 percent or less of an administered dose actually reaches the part of the eye needing treatment.

For these reasons, traditional drops must be delivered in frequent doses and at relatively high concentrations, which can result in adverse effects.

The need for frequent dosing can also lead to poor patient compliance and diminished treatment efficacy.

There are also patients, particularly the elderly, who may have difficulty instilling drops without assistance.

A drug-dispensing contact lens may be the solution to many of these problems.

Because such lenses are capable of correcting or not correcting refractive error, they can be an option for almost any patient.

The lenses are truly a new technology; they aren't simply traditional contact lenses soaked in medication. The science behind this breakthrough is accomplished in several different ways:

- Modifying the interaction of the contact lens polymers, or
- Interjecting colloidal particles (nanoparticles, liposomes, etc.) into the lens, or
- Molecularly imprinting the lens with template-shaped cavities that act similarly to the "lock and key" method that enzymes use to bind to substrate, or
- Using ion ligands to bind drug molecules.

It will likely take several more years for drug-dispensing lenses to navigate through human testing and regulatory hurdles and become readily available to clinicians, but they are definitely coming.

The ophthalmic drug market is nearly $20 billion per year, which mainly consists of eyedrops and ointments. Drug-dispensing contact lenses will revolutionize the entire industry of ocular medication.

For optometrists to provide this technology to our patients, it is necessary that we have the legislated authority to handle these medical devices.

State laws that permit diagnostic and therapeutic eyedrops may or may not contain wording that automatically permits the use of drug-dispensing contact lenses.

In-office dispensing of pharmaceuticals or contact lenses that contain pharmaceuticals may also trigger some legal conflicts.

The AOA and its state affiliates must continue to proactively support the profession's advancement as new technologies become available for our patients.

States considering legislation should seek help and additional information from the AOA State Government Relations Committee.

Dr. Maino is a professor of pediatrics and binocular vision at the Illinois College of Optometry (ICO) and a recipient of the Leonardo da Vinci Award of Excellence in Medicine. He can be contacted at dmaino@ico.edu. *Dr. Goodfellow is an associate professor of optometry at ICO and the college's assistant dean for curriculum and assessment. He can be contacted at* ggoodfel@ico.edu.

AOA Order Dept. features See Better, Play Better prints

"See Better, Play Better" is the theme of the latest series of AOA Brand Promise four-color art prints to be offered by the AOA Order Department.

Suitable for display in optometric practices and other settings, the seven new 20" by 24" canvas prints – designed to remind patients of the importance of vision in sports performance – depict scenes of baseball, golf, soccer, and hockey.

The Brand Promise series now offers a total of 40 high-quality art prints with themes ranging from children's vision to eye care for older adults.

All prints come ready to hang with hardware included and no framing required.

Prints are $89 for AOA members and $133.50 for non-AOA members (plus shipping and tax where applicable).

Prints can be viewed on the AOA Brand Promise website at *www.aoabrandpromise.com*.

To order call the AOA Order Department at 800-262-2210 or log onto *www.aoa.org/onlinestore*.

The Art of Optometry

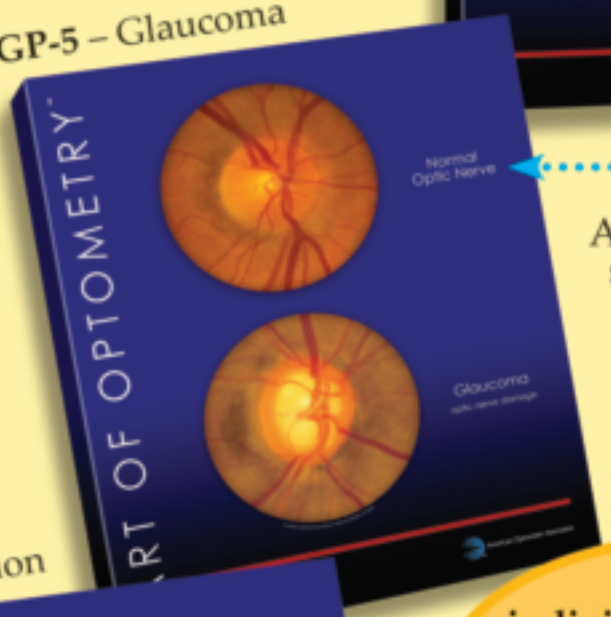
Educate patients with five, eye-catching diagnostic visuals

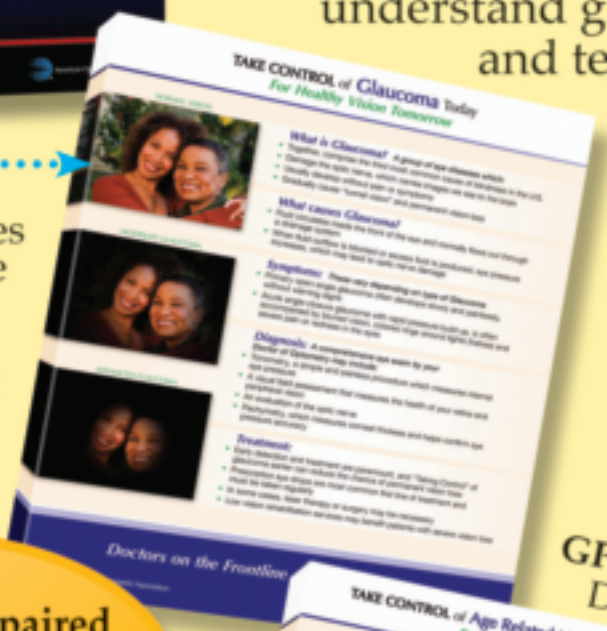
GP-9 –
The Human Eye

In Focus

Professional, easy-to-understand graphics and text

GP-5 – Glaucoma

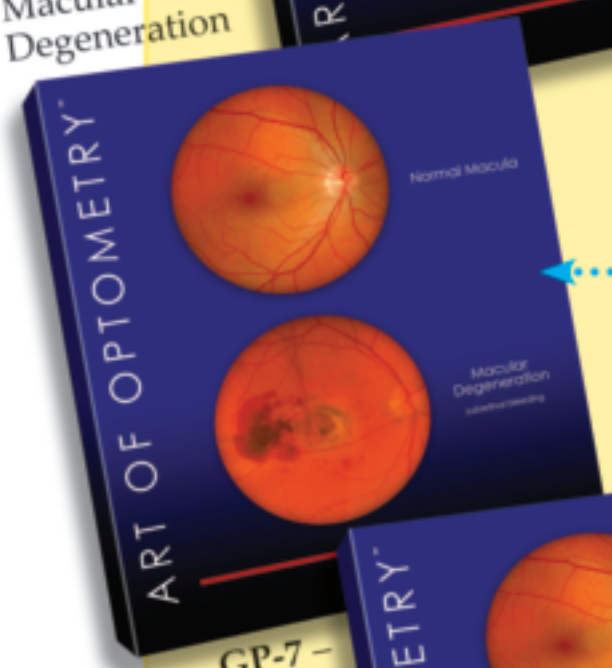




GP-1 –
Glaucoma

All canvases shown are 20"x 24"; NO *additional framing required.*

GP-6 –
Macular Degeneration

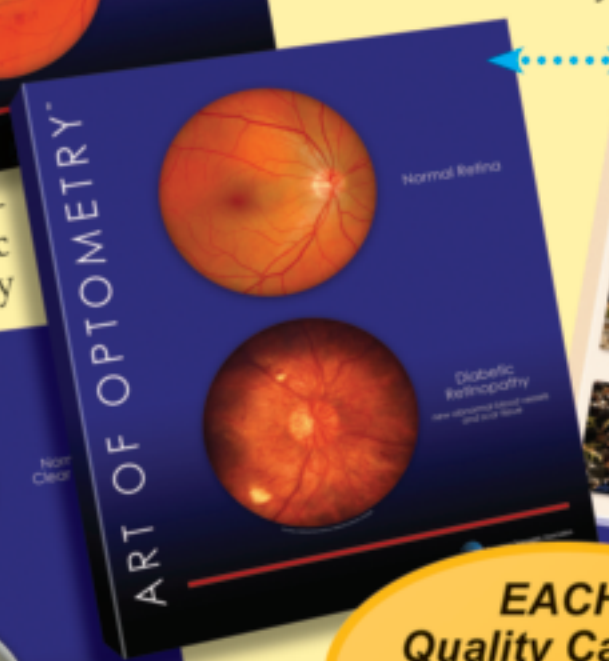


Display individually *or* paired with each corresponding canvas
($178 Per Pair)

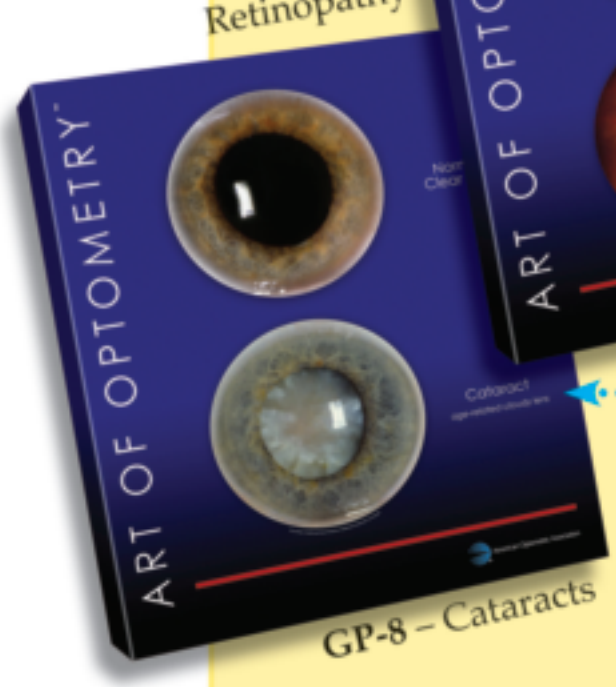
GP-2 – Macular Degeneration

Ready to hang *(hardware included)* in your exam room or lobby

GP-7 –
Diabetic Retinopathy



GP-3 –
Diabetic Retinopathy



GP-8 – Cataracts

EACH Quality Canvas

$89

GP-4 – Cataracts

Start building your collection today.

American Optometric Association

Order online by visiting www.aoa.org and clicking on the online store, or call 800.262.2210.
Visit www.aoapracticegrowth.com or scan the QR code to take a closer look at our complete collection.

"Plus shipping & tax where applicable."

Check out Practice Strategies, a popular section of Optometry, now in the AOA News, with expanded content and timely resources.

The practice management consultant

Break down the marketing effort into simple steps

By Gary Gerber, O.D.

Marketing an eye care practice successfully can seem like a daunting task. While the objective of such an effort may be obvious, to generate more revenues and increase profitability, the road to developing and implementing an effective marketing campaign can seem like a long, twisting, and perilous journey.

The fear of making a wrong turn, or getting lost along the way (which, in the minds of many optometrists means spending money that fails to bring a justifiable return), leaves many frozen, unable, or afraid to do anything.

This is a mistake: very few optometrists, or any small business owners for that matter, can expect to sit by the phone, put their feet up on the desk, and wait for the phones to ring.

Life simply does not work this way. Being an excellent clinician, offering great patient service, and having an accessible and convenient location, all help in building a business, but only if people know about it.

Marketing constitutes a key practice building block to success, but it is unfortunately viewed by many practitioners as more trouble than it's worth.

Does marketing seem overly complicated and overwhelming? If so, like a hard to learn dance, the process can be simplified by breaking it down into a series of simple steps.

But, like breaking a complicated dance into a series of individual steps, the process is not as difficult as it may seem.

In both cases, the steps work together, and in unison, can achieve the desired outcome.

Brand awareness

There are three primary steps in the marketing process. Step number one is about building brand awareness. This means having a practice known for something in what can be an overcrowded and anonymous field.

Without having such an identity (and it doesn't have to be a specialty per se) the practice lacks a clearly defined image in the minds of patients and prospects.

In most cases, building a brand does not happen overnight. It requires a sustained effort in terms of well-focused advertising and/or promotion.

It involves, as an example, driving home a message that a practitioner is a technology expert who offers the very latest in diagnostic equipment; or the contact lens "specialist" with the ability to help even the most difficult-to-fit patients.

Branding can be achieved through an ongoing advertising campaign that features a hard-hitting headline or tagline that defines the doctor or the paractice in a certain way, or an eye-catching logo that over time becomes recognizable and closely associated with the practice.

Getting into the community to speak on certain topics before various groups and having an active and well targeted website or social media campaign can help further this goal.

Credibility

Step two involves enhancing credibility. Patients need to believe, over time, in the practice.

Running an occasional ad in the local newspaper may help enhance recognition, but will not in and of itself create credibility (or, for that matter, build brand).

This is where a sustained and focused effort comes in, where people begin to see the same name associated with an expertise or attribute over time.

A public relations effort is the best way to accomplish this because the third-party endorsement that it offers, as someone else is inferring that the practitioner is the "expert," unlike an ad that is viewed as self-serving, builds credibility in the minds of patients and prospective patients.

Even patients who have been going to a practitioner for years are likely to feel reassured by seeing their doctor interviewed on television or quoted in a magazine.

In addition, a well-written and targeted newsletter that highlights the practitioner's work, for example, with diabetic patients; or demonstrates how the practice works with the vision of patients to enhance sports performance; or educates parents about keeping their children's vision healthy, can support this.

Take action

The third step is to convince people to take action. Often, this means making a conscious effort to touch people multiple times, in advertising, public relations efforts, and online programs, because it takes time and repetition for people to retain a message and take action (in terms of making an appointment).

If they understand and are receptive to the brand that's been created and believe in the expertise of the practitioner, they will come.

This determines the success of the marketing effort. Then, it is up to the doctor and staff to convince these people once they contact the office, that they've made the right decision.

Gary Gerber, O.D., is the president and founder of The Power Practice®, a practice management consulting company. He can be reached at drgerber@powerpractice.com *or 800-867-9303 (*www.facebook.com/ThePower Practice *and Twitter @PowerYour Dream).* *Opinions expressed are those of the author and not necessarily those of the AOA.*

AOA order department introduces friends and family referral kits

"Friends & Family Referrals, Visually Simple" is a turn-key solution that promotes "Word of Mouth" practice growth, with canvas artwork kits being offered by the AOA Order Department. Featuring your choice of four customized designs, learn how easy it is to distribute more referral cards with less time. Each branded kit includes: eye-catching 24" x 30" canvas artwork with your logo, 1,000 referral cards with holder and small footprint display easel. With a member price of only $299 (plus shipping and tax where applicable), your practice growth kits will provide an excellent return on investment, by stimulating new referrals on a consistent basis. To professionally build success on success, affordable thank you cards are also available. Stated simply, mailing personalized thank you cards, with more referral cards, is a low-cost and proven practice builder.

Friends & Family designs can be viewed on the AOA's Practice Growth website at *www.aoapracticegrowth.com*.

To order, call the AOA online store at 800-262-2210 or log into *www.aoa.org/onlinestore*.

Gain a competitive edge through diversity

By Joan Abney, manager, Paraoptometric Section

More than half of the workers in the United States are minorities. Optometric practices should understand diversity in the workplace will increase significantly in the coming years. Successful practices recognize the need for action now and have a willingness to spend resources on managing diversity in the workplace.

Diversity is not only about preventing unfair discrimination and improving equality, but also about valuing differences and inclusion. It involves how people perceive themselves and how they perceive others, which affects their interactions.

Diversity exists in the workplace because people experience a group identity through their gender, race, ethnicity, age, sexual orientation, physical abilities, beliefs, fashion, and even diet. The workplace environment should facilitate looking beyond surface appearances to find the common humanity of each individual and the talents he or she brings to the organization.

Management must be willing to work toward changing the work environment in order to create diversity and inclusion (how an organization utilizes its various relevant diversities). Optometric practices that are willing to adapt their work environment may enjoy greater profits and better staff performance. Practices that are more globally oriented and experienced can achieve greater harmony and attain higher productivity which gains a competitive edge for them.

There are three types of structural integration for diversity in an organization. The first type is a monolithic organization. This structural integration for diversity is minimal. Typically, it is composed of white males as the majority representing the overall employee population. There are few women and minority men in management positions in this homogeneous organization structure. The second type is a plural organization or heterogeneous population. It is inclusive of persons from diverse backgrounds that differ from the dominant group. Research has shown that heterogeneous groups outperform homogeneous groups. The third type of structural integration is a multicultural organization. It is composed of individuals representing many different culture groups; it also values and utilizes diversity to its fullest potential.

Having an office that embraces individual differences allows employees to perform to their highest ability.

Harassment can occur in any diverse workforce and in any job situation. Training for sensitivity and awareness are necessary to understand that respect for others' differences is not only the right thing to do, but is required by law. Training can help recognize and prevent harassment. Staff will learn how to resolve the situation, thus protecting the practice and the employees; management would not want a situation to elevate from "just kidding around" to illegal harassment.

Gaining the competitive edge

Optometric practices may reap the benefits of having a culturally diverse workplace. A main benefit is creativity. The combined talents and experiences of staff from diverse backgrounds provides fertile ground for creative thinking and insightful alternatives. Diversity can supply a greater variety of solutions to problems.

Individual talents and experiences provide a diverse collection of skills that enable the practice to provide service to patients on a global basis. Varying points of view provide a larger pool of ideas and skills that may aid in meeting business strategic needs and the needs of patients more effectively. Patients may be able to identify with staff and staff may have a better understanding of patients through diversity training and awareness. Practices may be able to provide a broader range of service to groups that normally may not have felt comfortable in the practice. By being able to understand the demographics of the marketplace, the practice is better equipped to thrive in that marketplace.

Having an office that embraces individual differences allows employees to perform to their highest ability, which promotes higher productivity, profits and return on investment for the practice. The employee may feel needed and have a sense of belonging that may increase their commitment to the practice. They may also experience increased job satisfaction and as a result are more likely to stay with the practice.

Challenges to diversity in the workplace

❖ Communication is one of the biggest barriers to overcome in a diverse workforce. In her book, "Developing Receiver-Centered Communication in Diverse Organizations," Judi Brownell states, "The meaning of messages can never be completely shared because no two individuals experience events in exactly the same way." If communication is misunderstood or misinterpreted because of perception, cultural interpretations, or language barriers; confusion, lack of teamwork and low morale may occur.

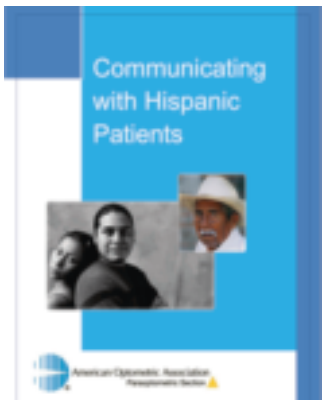
Management needs to involve everyone in the process of formulating and executing diversity initiatives. All communications from management should be reviewed carefully to decrease any chance of misunderstanding the intended message.

❖ Cultural bias brought on by prejudice (negative attitudes based on culture group identity) and discrimination (observable adverse behavior for the same reason) must be addressed. It is important to educate staff about laws and regulations concerning discrimination through diversity training.

❖ If employees are denied the ability to express their genuine selves in the workplace, they have to repress parts of their lives within the social context of their daily encounters with others. The amount of energy needed to try to take in and incorporate the organization's culture as their own will leave them less energy to do their job. This emotional drain may influence their ability to succeed and can decrease productivity for the practice.

❖ Staff may be resistant to change due to the implementation of a diversity initiative. Attitudes of "we've always done it this way" silences new ideas and inhibits progress. Helping staff understand "what's in it for them" in any situation requiring change is vitally important for the success of the change to actually occur. Creating a fair and safe environment where everyone has access to opportunities and challenges increases the acceptance of diversity in the workplace.

❖ It is important for management to model a positive attitude towards diversity. Acceptance of diversity must originate from the top and filter downward. Management must commit to develop, implement and manage a customized strategy to maximize the effects of diversity in the workplace. It must permeate from every department and function of the organization. Modeling an attitude of openness in the workplace will set an example for others to follow.



Coming this summer from the AOA Paraoptometric Section: "Communicating with Hispanic Patients" (paraoptometric staff guide booklet). For more multicultural diversity resources, visit *www.aoa.org/x12961.xml*.

Relating to your patients and practice success

It is important to understand that diversity in the workplace does not stop with your staff. Through diversity training, staff will gain a better understanding of the patients they serve. They will be able to apply the principles of acceptance and respect not only to their co-workers, but also to the patients they serve.

Optometric practices will need to accept that they are part of a worldwide economy with competition coming from all over. Practices need diversity to become more creative and open to change. Once practices recognize the way in which the workplace is changing, evolving, and diversifying; they will be better prepared to teach themselves and staff the value of multicultural differences. In an era where flexibility and creativity are keys to competiveness, diversity is critical for success.

AOA sections in full swing at Optometry's Meeting®

Attendees of Optometry's Meeting® can can choose from a full schedule of activities for the sections of the AOA.

The Contact Lens and Cornea Section (CLCS) will host its Awards Reception, function code 0260, on Friday, June 29 at 6:30 p.m.

Join them as they honor the 2012 recipient of the Dr. Donald Korb Award – Perry Rosenthal, M.D.

Be sure to register for his lecture on Saturday – you won't want to miss it!

The reception is sponsored by Alcon.

The CLCS will host its Korb Award Lecture of Excellence on Saturday, June 30 from 10 a.m. to noon.

Join Dr. Rosenthal and get updated on current research in anterior segment physiology and contact lens information.

This important lecture will contain the information needed to completely understand the current thinking in corneal metabolism, physiology, and the role of contact lenses on the eye.

Register online for function 3065.

VRS Member Forum

Plan to join the AOA Vision Rehabilitation Section (VRS) at the Member Forum on Friday, June 29 at Optometry's Meeting®.

The forum is a face-to-face meeting where participants may bring forth issues from their state and share with the group.

The VRS welcomes state affiliates, AOA members and students to participate.

The issue of health care reform and optometry's professional advancement is one of the topics of discussion.

The section would like to hear from members concerning new national health care law and visions plans and how that would impact their ability to provide vision rehabilitation care.

Register online for Optometry's Meeting® at *www.aoa.org/x21318.xml* using function code 0230.

Please let the VRS Council know your thoughts about health care reform, as well as any other issues or concerns.

For more information and to register for the 2012 Optometry's Meeting® in Chicago, visit *www.optometrysmeeting.org*.

Attention students!

Tap into your membership resources in the Contact Lens & Cornea Section, Sports Vision Section and Vision Rehabilitation Section, all available at your fingertips. Learn more at *www.aoa.org/sections.xml*.

Get the latest techniques from the experts in the field, stay abreast of new technologies and be part of a community with similar interests. Questions? Contact Section Coordinator Alisa Krewet by email at *AGKrewet@aoa.org*.

- AOA Contact Lens & Cornea Section
- AOA Sports Vision Section
- AOA Vision Rehabilitation Section

Sports Vision University CE available at upcoming state meetings

Don't miss out on the Sports Vision University program where the emphasis is on managing the visual performance needs of athletic patients.

Optometrists, students of optometry, residents, opticians, paraoptometrics and athletic coaches and trainers are encouraged to attend.

"There is a huge market of athletes who have visual needs that could be addressed with sports vision services," said Steven Hitzeman, O.D., one of the speakers. "These services include protection, correction, contact lenses, altering the visible light transmission to increase contrast of visual stimuli, and enhancing the visual skills that are important for that sport. There is a need for these services, no matter the level of the athlete – professional, college, high school, club sport or recreational activities."

The upcoming state affiliates hosting this continuing education program are:

- Montana Optometric Association on May 5 – visit *www.nvo.com/moa*.
- Utah Optometric Association on June 7 – visit *www.utaheyedoc.org*.
- Virginia Optometric Association on June 23 – visit *www.thevoa.org*.

To view the calendar schedule, visit *www.aoa.org/x15029.xml* or contact Section Coordinator Alisa Krewet at *AGKrewet@aoa.org*.

This program is sponsored in part by Vistakon®, a division of Johnson & Johnson Vision Care, Inc.

Did you know?

The Contact Lens Safety Web Site *www.contactlenssafety.org* contains information regarding the proper use of and care for contact lenses has been developed by the AOA's Contact Lens and Cornea Section in cooperation with the American Academy of Optometry.

May is Healthy Vision Month

Optometrists should encourage Americans to make their vision last a lifetime

Americans agree that eyesight has a huge impact on their day-to-day lives and is one of the senses they fear losing most. Unfortunately, people often do not pay attention to their vision until they notice a problem. Join the National Eye Institute (NEI) of the National Institutes of Health during May, Healthy Vision Month, to encourage Americans to take steps to help make their vision last a lifetime.

The NEI offers a variety of resources that health care practitioners can use during May and throughout the year to promote the importance of early detection through comprehensive dilated eye exams.

Visit the Healthy Vision Month website at *www.nei.nih.gov/healthyvisionmonth* to download free resources such as drop-in articles, e-cards, fact sheets, widgets, web banners, patient reminder postcards, and PowerPoint presentations and to find ideas on how to use them in your community.

"Let's celebrate Healthy Vision Month together! No effort is too small when encouraging people to make their vision last a lifetime," an NEI press release emphasizes.

HVM
MAY IS
HEALTHY VISION MONTH
NATIONAL EYE INSTITUTE
NATIONAL INSTITUTES OF HEALTH

Associateship,

from page 28

should look at as compensation.

Bonuses are a good source for additional income.

As an example, if an associate generates more than $300,000 annually for the practice, the associate may receive a bonus of 20 to 25 percent for every dollar above $300,000.

This gives the associate incentive and allows the employer to still make more profit from this production.

It also tells the employer if the associate is willing to work hard for incentive, which can be a positive indicator for making the associate a partner.

Other benefits besides salary or bonus can be very valuable to the associate and the practice.

Things such as health, disability, malpractice and life insurance, continuing education, professional dues, retirement plans, sick or maternity pay can all be sources of benefits not included in taxable salary.

If associates were to pay for these benefits from their personal income they would first have to pay taxes on the income they used to pay for these benefits, while the business can pay for the benefits without the tax liability.

So if the associate is in a 28 percent tax bracket (which is the tax bracket if the associate is single and making $100,000), but receives $10,000 in fringe benefits, those same benefits payed for out of personal funds from the associate would cost nearly $14,000 in pretax income.

If a disagreement in salary, bonus or benefits is reached between the potential associate and employer, both parties should be able to document their case with statistics, such as the normal revenue currently generated by the employer or the potential increase in revenue that will come from new services that the associate will provide.

By using norms and statistics, an agreement can be reached that benefits both parties and may lead to a further partnership relationship.

Codeheads,

from page 30

Your actions should include:

- Contact the insurer to inquire as to why they are not recognizing a new code or why they are not honoring the code's definition in considering claims.
- Contact your state association to see if other doctors and staff are experiencing the same issues.
- Contact the AOA through your state third-party committee, or directly through *askthecodingexpert@aoa.org*.

We are confident each of these challenges will be resolved, some early in 2012 and some later, realizing that it will require a team effort of the AOA, the state associations, as well as members and staff making the grassroots efforts in direct contact with the insurers.

Other May health awareness observances

Other May health awareness observances relevant to eye and vision care include:

Global Employee Health and Fitness Month
May 1-31
National Association for Health and Fitness
wellness@city-buffalo.org
www.physicalfitness.org
Materials available
Contact: Philip Haberstro
716-583-0521 or 716-851-4309 Fax

Ultraviolet Awareness Month
May 1-31
Prevent Blindness America
info@preventblindness.org
www.preventblindness.org
Materials available
Contact: PBA Consumer and Patient Hotline
800-331-2020 or 312-363-6052 Fax

North American Occupational Safety and Health Week
May 6-12
American Society of Safety Engineers
dhurns@asse.org
www.asse.org/newsroom
Materials available
Contact: Diane Hurns
847-699-2929 or 847-296-3769 Fax

National Senior Health & Fitness Day
May 30
Mature Market Resource Center
info@fitnessday.com
www.fitnessday.com
Materials available
Contact: Gary W. Ford
800-828-8225

The bottom line

Evaluate the disability access tax credit

By J.R. Armstrong, CPA, and Jodi Permenter, CPA

The federal Americans with Disabilities Act (ADA) requires most businesses to make their services accessible to employees and customers with disabilities. To lessen the burden the act puts on small businesses, the Internal Revenue Service (IRS) created the Disability Access Credit.

However, widespread misinformation and abuse of the credit has made it subject to special scrutiny, and taxpayers must have adequate documentation to prove that they qualify.

In addition, even small businesses that do qualify for the credit may not see the tax benefit right away. In fact, as will be documented later in this article, claiming the credit could actually increase a tax bill in the current year!

However, the Disability Access Credit is a great opportunity for small business to afford to become ADA compliant, but be aware that not every expense that benefits the disabled is eligible for the tax credit.

The Disability Access Credit is available to businesses with fewer than 30 employees or less than $1 million in annual receipts. The credit is equal to 50 percent of the eligible expenses between $250 and $10,250, for a total possible credit of $5,000 each year.

However, eligible expenses are very narrowly defined in the tax code. In order to qualify, an expense must (1) "remove a barrier" which prevented a business from being accessible to, or usable by, disabled individuals, (2) provide effective methods of communicating with hearing or visually impaired individuals, or (3) acquire or modify equipment for use on disabled individuals.

While renovations to existing structures could qualify for the tax credit, the cost of constructing a new building will not. All eligible expenses must be "reasonable and necessary" to comply with the Americans with Disabilities Act.

Soon after the creation of the Disability Access Tax Credit, salesmen began using it as a selling point for their products. Across dozens of industries, sales representatives began advertising that the purchase of their equipment was eligible for the tax credit. In reality, eligible expenses vary for each business, and nobody can guarantee that purchasing a product will qualify the purchaser for the credit.

Instead of relying on such promises, it pays to ask two questions when considering whether a purchase is eligible:

1) Is the purchase for the primary purpose of complying with the ADA?
2) Is the expenditure necessary and reasonable to meet compliance with the ADA?

If the answer to both of these questions is "yes," the purchaser is justified in taking the credit. However, even after meeting that basic criteria, the purchaser may find the qualifying for the credit remains something of "a gray area." It is advisable to look to case law for additional guidance.

In *Hubbard v. Commissioner 1*, the taxpayer, an optometrist, claimed the tax credit for the purchase of an automatic refractor and a height-adjustable instrument stand that made the automatic refractor accessible to wheelchair-bound patients.

Prior to purchasing the automatic refractor, Dr. Hubbard used a manual refractor, behind which, as in most practices, the patient sat in an examination chair, viewed various charts through different lenses and answered a series of questions posed by the optometrist.

The year before purchasing the automatic refractor, Dr. Hubbard had to refer approximately 30 disabled patients to other optometrists because he could not ascertain subjective refractions. For example, some mentally handicapped individuals were unable to understand and answer the questions. Physically disabled patients could not be moved into the examination chair. Hearing-impaired patients found it difficult to write notes and look through the manual refractor simultaneously, leading to less accurate refractions.

The judge ruled that the credit was allowable because the purchase of the automatic refractor made Dr. Hubbard compliant with the Americans with Disability Act. The purchase of the automatic refractor removed a barrier that had previously prevented him from treating disabled patients. The judge also noted it was irrelevant that the taxpayer used the refractor on his nondisabled patients.

However, in *Fan v. Commissioner 2* the taxpayer, a dentist, claimed the Disability Access Credit for the purchase of an intraoral camera and monitor. Dr. Fan purchased the camera, monitor, and accompanying educational information for general patient use. He regarded the purchase as an improved way to communicate with hearing-impaired patients.

Before making the purchase, he communicated with hearing-impaired patients through the use of hand-written notes. A judge disallowed the credit because Dr. Fan's dentistry practice was already ADA-compliant. In the years leading up to the purchase of the camera, Dr. Fan had never refused treatment to a patient due to a hearing impairment, and he had never received any complaints from hearing-impaired patients about the quality of his communication.

The judge disallowed the credit, stating the purchase of the intraoral camera system "did not permit patients to be treated who were previously excluded from services." In his opinion, the judge gave some insight into his reasoning. He said the camera system did not replace the handwritten notes, and that the system was not designed or marketed as a communication device for hearing-impaired individuals, therefore, it was not purchased primarily to become ADA-compliant.

Determining whether a practitioner qualifies for the credit is difficult enough, but, even if the practitioner does qualify, there is still a chance that the tax benefit might not be realized or that the tax benefit might not be seen for many years. The Disability Access credit is a general business credit, and it is not allowable if the individual is subject to Alternative Minimum Tax (AMT). A taxpayer may carry the credit forward for 20 years, and claim it when no longer subject to the AMT. However, the depreciation deduction allowed on the equipment is reduced by the amount of the credit, which will increase current tax liability.

For example, suppose last year Dr. Smith made $250,000 in income and had $40,000 worth of itemized deductions, with $15,000 attributable to real estate taxes. With the given income and deductions, Dr. Smith is subject to AMT. He also purchased a piece of equipment for $8,500 that is eligible for the Disability Access Credit. The purchase qualifies for a credit of $4,125 (or 50 percent of $8,500 minus $250). However, because he is subject to the AMT, he cannot take the credit this year. Instead, it will carry forward for up to 20 years, until he is no longer subject to AMT. Even though he cannot take the credit this year, it will still affect the depreciable basis of the purchased equipment. The IRS requires the depreciable basis of the equipment must be reduced by the amount of the credit in order to prevent anyone receiving a "double benefit" from the purchase. In this case, only $4,375 (the $8,500 purchase price of the equipment, less the $4,125 tax credit) of the cost could be depreciated, effectively increasing Dr. Smith's taxable income in the current year by $4,125. With a 33 percent tax bracket, his tax bill would increase by $1,361.

The Disability Access Credit is very complex, and can affect tax liability in unexpected ways. Before purchasing a piece of equipment that may qualify for the credit, it is important to speak to a tax professional. A competent accountant or tax preparer should be able to tell if a practitioner is subject to AMT, and, if so, when the practitioner may see the benefit of the credit. Don't get caught in the Disability Access Credit trap! Careful tax planning can help avoid all of the pitfalls of the Disability Access Credit.

The IRS Disability Access Credit can allow ODs to claim a tax deduction for new equipment or other improvements necessary to bring their practices into compliance with the federal ADA. However, not every improvement that benefits the disabled is subject to the tax credit.

Armstrong is a partner in the firm of May & Company, LLP. Permenter is a member of the professional staff. The firm consults with ODs in 30 states, assisting with their tax planning and preparation, QuickBooks support, and business planning. May & Company has offices in Louisiana, Mississippi, and Alabama. Armstrong can be reached at 601-636-4762 or by email at jarmstrong@maycpa.com.

SUN,

from page 1

"We have joined together in this outstanding industry alliance to confirm to all that sun protection is not optional. It is a professional responsibility," said Dori Carlson, O.D., AOA president. "It is the responsibility of optometry to educate the public about the dangers of the sun and the importance of prescribing proper protection."

The SUN training program clearly defines the elements of quality protection in terms of lenses and frame choices.

"We are confident that the optician's emphasis on quality protection will go a long way in ensuring a lifetime of good sight and eye protection, as well as improving and protecting the health of every office," said Shirley Earley, OAA president.

Beginning in April, the COPE and ABO-approved educational series "Protect, Prescribe and Present" will be delivered digitally on *www.AOA.org* and *www.OAA.org* and encompass the following:

- **Part 1 • Protect** describes the health issues resulting from UV and High Energy Visible (HEV) radiation exposure, delivering a set of actionable steps for the practitioner to ensure that all patients understand the importance of quality outdoor eye protection.
- **Part 2 • Prescribe** develops an action plan for the optometrist and the optician. For the doctor, this course delivers examples of how to discuss the research that proves the need for sun protection. For the optician, this segment clearly defines how to set goals and identify the best protective products.
- **Part 3 • Present** teaches one of the most difficult areas for many offices to master – the language and methods to visually merchandise outdoor eyewear to every consumer/patient. This segment presents methods to easily communicate the benefits of prescribing and dispensing outdoor eyewear.

"Luxottica is honored to support the industry-wide SUN initiative. We believe this initiative is vitally important to the safety and eye health of every patient and consumer, and the growth and success of the optical industry," said Andrea Dorigo, president, Luxottica USA. "This is an actionable program that can truly make a difference in preventing sun-related eye diseases among people young and old."

Essilor launches E-SPF (Eye-Sun Protection Factor)

Also during Vision Expo East, Essilor of America introduced the first-ever "Eye-Sun Protection Factor" (E-SPF) to drive consumer awareness about the importance of protecting eyes from damaging UV rays.

"Inspired by the systems used to rate skin care and sunscreen products, this new evaluation system reinforces Essilor's commitment to UV defense, following the recent launch of a new generation of Crizal No-Glare lenses, the only lenses to offer the most complete protection against UV rays," according to the company.

"Essilor is convinced that the new E-SPF evaluation system, along with the new generation of Crizal lenses, will improve consumer knowledge about the need for visual health protection from the invisible and often irreversible dangers of UV light," said Carl Bracy, senior vice president of marketing and new business, Essilor of America. "These breakthrough advancements have the potential to make an impact on the lives of individuals of all ages with all types of vision needs, all year long."

The E-SPF evaluation system developed by Essilor is intended to provide an objective index for eyewear. Values currently vary from 2 to a maximum of 25 for every day, clear lenses and "50+" for tinted as well as polarized sun lenses. Developed and studied in collaboration with independent third parties, the E-SPF protocol and values have been endorsed by Karl Citek, O.D., Ph.D., professor of optometry at Pacific University College of Optometry, and one of the first researchers to have established the hazard linked to lens back side UV reflection.

Essilor leaders included, from left, Howard Purcell, O.D., Carl Bracy, and Bob Collucci.

Dan Crippen, Ph.D., executive director of the of National Governors Association, speaks at the AOA Ophthalmic Council meeting.

From left, John Lahr, O.D., Ph.D., vice president of provider relations and medical director of EyeMed Vision Care; Mark Mattison-Shupnick, director of education and training for Jobson Medical Information; Ed Greene, chief executive officer of The Vision Council; Shirley Earley, president of the Opticians Association of America; Dori Carlson, O.D., president of the AOA, and Andrea Dorigo, president of Luxottica USA.

Dave Plogmann, senior vice president of executive optical partnerships for Luxottica, speaks at the Ophthalmic Council meeting.

Ophthalmic Council™ addresses health care reform, economy

With the economy gaining steam, ophthalmic industry leaders had health care reform on their minds as the Ophthalmic Council™ met in New York last month.

Formed in 1998, the Ophthalmic Council™ serves as an informal forum for leaders of the ophthalmic industry and the AOA to take an active role in addressing key issues and communicating respective ideas and concerns while enhancing and advancing the ophthalmic industry to better serve patients and consumers.

The guest speaker, Dan Crippen, Ph.D., is the executive director of the National Governors Association, the only bipartisan organization of the nation's governors.

"The only meaningful way to get costs down is to keep people out of institutions – hospitals and nursing homes," he said. "Everything else is just tinkering at the margins."

He cited children's asthma attacks as an example where care could be delivered more cost-effectively.

Knowing that a child is prone to asthma, and what treatment has worked in the past, parents and doctors should be able to treat the condition without a visit to the ER, Dr. Crippen noted.

Dr. Crippen said that ODs, who can detect multiple chronic, systemic diseases during an eye exam, are positioned well to help streamline care and counsel patients.

Among the 13 companies represented, most were looking at health care reform as a business opportunity.

"We're viewing reform as neutral," said Dave Gibson of Allergan. "More patients will have access, but there will be costs in terms of pharma, such as rebates."

Dave Sattler of Alcon expects some of the rising costs of health care to be offset as "potential revenue sources, such as rules and fines, are expanded."

Howard Purcell, O.D., of Essilor, said the health care law has already "affected hiring and businesses we are going into."

From a provider perspective, Howard Braverman, O.D., observed ODs are not "preparing ourselves for the new patients that could be coming in."

New optometry patients could number in the tens of millions, depending on how regulations are written and benefits defined.

Mark Colip, O.D., chair of the AOA's Research and Information Committee, outlined data from the AOA's latest surveys. He said there is almost equal division of payers right now.

Almost 23 percent of patients have private insurance, 22 percent are covered by VSP, 21 percent have no insurance coverage, 19 percent have another vision plan and 15 percent are on public assistance.

According to AOA data, only 4 percent of the patients seen by ODs are under the age of 5. Children from 5 to 17 are just 14.5 percent of the patient base.

All attendees agreed children are being underserved in eye care right now.

In addition, AOA Industry Relations Center Executive Committee Chair Howard Braverman, O.D., announced his retirement after serving as chair of the committee since 2002. Dr. Braverman was president of the AOA in 2000-2001 and has served in other leadership positions, including the Florida Optometric Association and Southern Council of Optometrists and was chair of the Florida State Board of Optometry.

AOA Immediate Past President Joe Ellis, O.D., is the incoming chair of the Industry Relations Center Executive Committee.

Abbott Medical Optics

Alcon

Allergan

Bausch + Lomb

CooperVision

Essilor of America

HOYA Vision Care

Johnson & Johnson Vision Care, Inc

Kemin Health

Luxottica Group

Marchon Eyewear

Optos

Shamir

TLC Vision Corporation

Transitions Optical

VisionWeb

Industry Profile is a regular feature in AOA News allowing participants of the Ophthalmic Council ™ to express themselves on issues and products they consider important to the members of the AOA.

Industry Profile: Allergan

Allergan offers and pursues innovative products to help improve patient care.

With over 60 years of successfully discovering and developing new therapeutic agents to help protect and preserve vision, the Allergan heritage offers eye care professionals and patients a broad range of products to treat a variety of eye conditions. As a result of dedicated R&D efforts and close relationships with eye care professionals, Allergan has established itself as a global leader in eye care.

Consistent commitment to optometry

Allergan works closely with third-party optometry groups, key opinion leaders, and managed care organizations to stay abreast of optometrists' needs for information and tools. Allergan remains committed to providing support for optometrists with a dedicated sales force, continuing education programs, and educational initiatives for teaching institutions.

"Allergan is committed to providing optometrists with therapeutics that help them provide optimal patient care," said Kevin Skule, Allergan senior vice president, Eye Care. "We are working hard to continue bringing forth new, innovative therapeutics for years to come."

To support the optometry community, Allergan launched a website specifically designed to help meet the needs of optometrists throughout the country— *www.AllerganOptometry.com*. The website provides optometrists with single-site access to information about Allergan eye care therapeutics, including information about patient cost-saving programs such as rebate programs, hand-outs to help educate patients, and practice management tools such as questionnaires and trackers to help optometrists assess patients.

"As a main provider of vision care, optometrists play a critical role with patients' eye care," said Dave Gibson, director, Optometric Professional Relations and Strategic Initiatives. "We will continue to strengthen our partnership with optometry through innovative resources and broad support."

Allergan supports SECO, AOA, American Academy of Optometry, and the Vision Expo meetings (East and West), as well as a large number of regional and local meetings.

Shamir adds lenses for golfers, new presbyopes

Shamir's newest Freeform® product – Shamir FirstPAL classified as an introductory Freeform design is specifically designed for new progressive wearers.

"Shamir FirstPAL™ is the ideal solution for new presbyopes, ages 40-45," according to the company. A low addition progressive solution, it offers clear and wide far vision, a comfortable reading zone and an easy transition between the two.

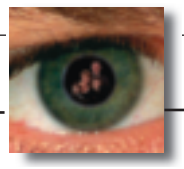
"Shamir FirstPAL™ is a unique addition to our Freeform® family of products, as it is the first progressive lens designed specifically for new presbyopes. Previously, the market lacked a premium lens solution allowing new presbyobes to transition from single vision or reading glasses with easy adaptation. Now doctors can offer their patients a better solution to introduce them to progressives - Shamir FirstPAL," said Matt Lytle, vice president, marketing.

Also rolling out this month from Shamir is Shamir Golf. Unlike a standard progressive, Shamir Golf™ provides three distinct vision zones for the golfer: the near zone for the scorecard in the player's hand, the mid-range zone for the ball at the player's feet, and the far zone for the green in the distance. Each vision zone is enhanced specifically for the golfer's needs. Shamir Golf™ is also designed to ensure clear peripheral viewing. While typical progressives often have distortion near the edge of the lens, Shamir Golf™ offers patients a clear peripheral viewing area, so players can see the ball clearly at their feet as well as where they want to hit the ball down the fairway. Designed specifically for wrap frames and with a 19mm fitting height, Shamir Golf™ is intended to provide the player with a more comfortable golfing experience.

The Golf lens also utilizes As-Worn Technology, which requires additional measurements from the patient: Vertex Distance, Pantoscopic Tilt, and Panoramic Angle.

"Our goal at Shamir is to provide every person with clear vision, no matter what activities they participate in, so Shamir Golf™ is a great addition to our Freeform® family of products. It is the first sports specialty lens to provide a specific solution designed to match the wearer's activity. Shamir truly has a solution for any visual need," Lytle said.

For more, visit *www.shamirlens.com*.



Survey shows eye allergies disrupt daily activities, impact performance, appearance

Spring can be a difficult time for the one in five individuals affected by seasonal eye allergies. For many vision corrected individuals, eye allergy symptoms such as itchy, watery, or red eyes often keep them from enjoying daily activities, affect their appearance, and impact their performance at work, at school, and during sports, according to a survey conducted by Harris Interactive® on behalf of Vistakon® Division of Johnson & Johnson Vision Care, Inc.

According to the online survey of 755 eye allergy sufferers ages 18 and older who wear glasses, contact lenses, or both, more than two in five (41 percent) said they suffer from mild to moderate eye allergy symptoms on a daily basis. Women, in particular, note eye allergy symptoms often make them look like they have been crying (48 percent), and frequent rubbing of their eyes often causes their makeup to come off (47 percent). As a result, many report that their red, puffy eyes make them look tired and unattractive (38 percent).

One in three survey respondents said they wear contact lenses only or in conjunction with glasses, with 84 percent reporting they wear reusable contacts they replace either monthly or every one to two weeks. Among contact lens wearers surveyed, 39 percent said they wear their contacts less often, and about one in five said they either remove their contacts during the day (22 percent) or don't wear them at all (19 percent) due to eye allergy symptoms.

Noted educator and author Paul Karpecki, O.D., clinical director, Koffler Vision Group, Lexington, Ky., said he is not surprised 74 percent of contact lens wearers with eye allergies said their allergy symptoms make them feel "uncomfortable" when wearing their contacts.

"Putting a clean, fresh lens into the eye each day minimizes the potential for the buildup of irritants that occur with repeated use of the same pair of lenses."

"Allergy season is particularly challenging for some contact lens wearers because allergens and other irritants can build up on contacts over time, leading to discomfort and symptoms such as itching, tearing and redness," Dr. Karpecki said. "Chemical disinfectants and preservatives used in some contact lens care systems also can affect the ocular surface of the eye when it is in an allergic state."

For allergy sufferers who want to wear or remain in contacts, Dr. Karpecki recommends daily disposable lenses.

"The healthiest and most comfortable contact lens option for any eye allergy sufferer is a daily disposable lens, such as 1-Day Acuvue® Moist® Brand Contact Lenses," advised Dr. Karpecki. "Putting a clean, fresh lens into the eye each day minimizes the potential for the buildup of irritants that occur with repeated use of the same pair of lenses."

Dr. Karpecki also suggested ODs offer the following advice to allergy sufferers:

- Find out what causes your allergy and try to avoid the trigger. "If pollen is what bothers you, try to stay indoors during the peak allergy season and minimize the amount of time you are in the wind, which blows allergens around."
- Be cautious with allergy pills that claim to ease allergy symptoms. "Quite frequently, allergy medication can dry the eyes out. If you must take an allergy pill, try to take it at night so the drying effect is not as dramatic. Talk to your doctor about what medication(s) are best for you."
- Use transient-preserved or preservative-free artificial tears. "People who suffer from eye allergy symptoms may also find that the preservatives in artificial tears also cause discomfort."
- Consider allergy drops, which are prescribed by a doctor. "I tell my patients to put the drops in each eye in the morning before inserting contact lenses and then put a drop in at night after they remove their lenses."
- Take more frequent showers to wash away allergens and at night, turn off ceiling fans, as allergens and dust are easily picked up by a fan.
- Take a cool washcloth and place it over the eyes to ease swelling and discomfort. "Relax for a bit with the washcloth over the eyes to relieve symptoms."

To help allergy sufferers better understand and manage their condition, a free educational brochure titled "Eye Health and Allergies" is available at *www.acuvue.com/seasons.*

Industry Profile: HOYA

THE HOYA FREE-FORM COMPANY

The HOYA Free-Form Company Purpose, Pride, Passion, People

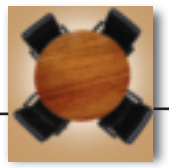
The HOYA Free-Form Company has a purpose. Leadership. Leaders blaze difficult trails and endure the unknown. While others sit back, watch and wait for the hard work to be done, and then enjoy safe passage, the leader is off to blaze the next trail.

We launched personalized HoyaLux iD MyStyle lenses long before anyone in the industry started talking about personalization of lenses based on a patient's life style, work and hobbies. SuperHiVision EX3 AR treatment is more scratch-resistant than glass, no other AR is even close in Bayer value.

We take great pride in having the courage to go to market with concepts in lens technology that no one is even talking about yet and starting a new vocabulary in our industry. Developing the latest technological advances and sharing them with our customers is what gets everyone at HOYA really excited. That is our passion.

When a patient tries on an iD LifeStyle after years in bifocals and says, "Wow, what a difference!" all of the bumps and bruises we took blazing that trail were worth it. We often hear stories from children and their parents as the child's new glasses have helped them renew joy in reading and school, or success in sports and music. Even missionaries in far away lands write to tell us how their lenses with EX3 are scratch free after multiple sand storms.

From our offices, laboratories, service centers and cluttered cars on sales routes, everyone at HOYA can look around and know that it is all about the people. Our customers and their patients are the reason we head out each day to blaze new trails in lens designs, materials and treatments like no other on the market. Visit *www.thehoyafreeformcompany.com*.



MEETINGS

April

SOUTH DAKOTA OPTOMETRIC SOCIETY
SPRING CONVENTION & ANNUAL MEETING
April 12-13, 2012
Cedar Shore Resort, Oacoma, SD
Deb Mortenson, Exec. Dir.
605/224-8199
Deb.mortenson@pie.midco.net
www.sdeyes.org

OKLAHOMA ASSOCIATION OF OPTOMETRIC PHYSICIANS
ANNUAL SPRING CONGRESS
April 13-14, 2012
Embassy Suites and Convention Center, Norman, OK
Heatherlyn Burton
405/524-1075
FAX: 405/524-1077
heatherlyn@oaop.org

NEBRASKA OPTOMETRIC ASSOCIATION
SPRING CONFERENCE
April 13-15, 2012
Embassy Suites Downtown
Omaha, NE
noa@AssocOffice.net
Nebraska.aoa.org

MIAMI NICE SYMPOSIUM CE
MIAMI DADE OPTOMETRIC PHYSICIANS ASSOCIATION
April 14-15, 2012
Westin Colonnade
Coral Gables, FL
Dr. Stephen Morris
305/668-7700
www.MiamiEyes.org
MDOPA.board@gmail.com

4TH ANNUAL SYMPOSIUM ON OCULAR DISEASE
April 14-15, 2012
Crowne Plaza Hotel, Tyson's Corner, VA
www.psseyecare.com

ABO BOARD CERTIFICATION REVIEW COURSE
PARTNERING WITH THE TEXAS OPTOMETRIC ASSOCIATION AND UNIVERSITY OF HOUSTON
April 14-15, 2012
U of H Campus, Houston, TX
http://ce.opt.uh.edu/live-events/OptoBCertification

VISION BY DESIGN 2012
ORTHOKERATOLOGY ACADEMY OF AMERICA
April 19-22, 2012
Scottsdale Resort & Conference Center
Matt Herzberg, Executive Director
866/851-9122
FAX: 630/851-3338
oaaast@gmail.com
www.orthokacademy.com

FLORIDA CHAPTER AAO ANNUAL MEETING
Mission Inn, Howey-In-The-Hills, Florida
April 20-21, 2012
Arthur Young, O.D.
Eyeguy4123@msn.com

WEST FLORIDA OPTOMETRIC ASSOCIATION
BOARD CERTIFICATION PREP COURSE
April 20-22, 2012
Sandestin Hilton Beach Resort
850/279-4361
opttom@hotmail.com
www.wfoameeting.com

SOUTHERN COLLEGE OF OPTOMETRY
SPRING CE 2012
April 20-23, 2012
Southern College of Optometry
Memphis, TN
Dr. Patricia Estes-Walker
901/722-3235
ce@sco.edu
www.sco.edu

NEW MEXICO OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
April 20-22, 2012
Hard Rock Hotel, Albuquerque, NM
Richard Montoya
575/751-7242
newmexicooptometry@gmail.com

ABO BOARD CERTIFICATION REVIEW COURSE
PARTNERING WITH SALUS UNIVERSITY
April 20-22, 2012
Salus campus, Elkins Park, PA
www.salus.edu/ce/index.html

PINELLAS OPTOMETRIC ASSOCIATION
20TH ANNUAL SUNCOAST SEMINAR
April 21-22, 2012
Hyatt Regency Clearwater Beach Resort & Spa
Clearwater, FL
Dr. Bruce Cochran
ldoc1@aol.com
727/446-8186

NJ CHAPTER OF THE AMERICAN ACADEMY OF OPTOMETRY
April 25-29, 2012
Kingston Plantation, Myrtle Beach, SC
Dennis Lyons
732/920-0110
Dhl2020@aol.com

THE ART & SCIENCE OF OPTOMETRIC CARE – A BEHAVIORAL PERSPECTIVE
April 25-29, 2012
Phoenix, AZ
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net
www.oepf.org

2012 ANNUAL SPRING CONVENTION
ARKANSAS OPTOMETRIC ASSOCIATION
April 26-29, 2012
The Peabody, Little Rock, Arkansas
Misty Engler, Membership Director
501/661-7675
FAX: 501/372-0233
misty@arkansasoptometric.org
www.arkansasoptometric.org

KANSAS OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION AND SEMINAR
April 26-28, 2012
Capitol Plaza Hotel, Topeka, KS
785/232-0225
info@kansasoptometric.org

INDIANA OPTOMETRIC ASSOCIATION
115TH ANNUAL CONVENTION
April 27-29, 2012
University Place Hotel and Conference Center
Indianapolis, IN
Bridget Sims
317/237-3560
blsims@ioa.org
www.ioa.org

OEP CLINICAL CURRICULUM
FOUNDATION OF VISION THERAPY, PART 1
April 27-29, 2012
Franklin, TN
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net
www.oepf.org

May

MONTANA OPTOMETRIC ASSOCIATION
MOA 2012 ANNUAL EDUCATIONAL CONFERENCE & EXPOSITION
May 2-5, 2012
Red Lion Colonial Hotel, Helena, MT
406/443-1160
sweingartner@rmsmanagement.com
www.mteyes.com

EASTERN STATES OPTOMETRIC CONGRESS
May 5-6, 2012
Crowne Plaza Hotel in White Plains, NY
Stuart Rothman, O.D.
smrod@aol.com

MICHIGAN OPTOMETRIC ASSOCIATION
ANNUAL MEETING & SPRING SEMINAR
May 9-10, 2012
Devos Place/Amway Grand, Grand Rapids, MI
Amy Possavino
517/482-0616
FAX: 517/482-1611
amy@themoa.org
www.themoa.org

PACIFIC UNIVERSITY, COLLEGE OF OPTOMETRY
COEUR D'ALENE CONTINUING EDUCATION
May 11-12, 2012
Coeur d'Alene, ID
Jeanne Oliver
503/352-2740
FAX: 503/352-2929
Jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

CE IN ITALY
May 16-18, 2012
Cinque Terre and the Italian Riviera
James L. Fanelli, O.D.
910/452-7225
jamesfanelli@CEinItaly.com
www.CEinItaly.com

NOVA SOUTHEASTERN UNIVERSITY
ANNUAL MAY EYE CARE CONFERENCE & ALUMNI REUNION
May 18-20, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/index.html

WEST VIRGINIA ASSOCIATION OF OPTOMETRIC PHYSICIANS
MID YEAR SEMINAR
May 18-20, 2012
Resort at Glade Springs, Daniels, WV
304/720-8262
exec@wvaop.org
www.wvaop.org

CE IN ITALY
May 20-22, 2012
Tuscany Immersion: Castiglion Fiorentino
James L. Fanelli, O.D.
910/452-7225
jamesfanelli@CEinItaly.com
www.CEinItaly.com

June

WESTERN UNIVERSITY, COLLEGES OF OPTOMETRY & PODIATRIC MEDICINE
"ESSENTIALS IN EYE CARE"
BOARD CERTIFICATION EXAM PREPARATION AND CONTINUING EDUCATION
June 1-3, 2012
Western University, College of Optometry, Pomona, CA
909/706-3493
ceoptometry@westernu.edu
http://www.westernu.edu/optometry-continuing-education

REGIONAL CLINICAL SEMINAR
"MAXIMIZING STEREOPSIS IN PATIENTS WITH STRABISMUS OR AMBLYOPIA"
June 2-3, 2012
Gainesville, VA
Tod Davis, O.D., Diane Serex-Dougan, O.D.
ddavis@verizon.net or
dr.diane@verizon.net

OEP CLINICAL CURRICULUM HOSTED BY NOVA SOUTHEASTERN UNIVERSITY COLLEGE OF OPTOMETRY
VT/LEARNING RELATED VISUAL PROBLEMS
June 6-10, 2012
Ft. Lauderdale, FL
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

JOINT CONFERENCE ON THEORETICAL AND CLINICAL OPTOMETRY
June 8-10, 2012
Forest Grove, OR
Sally Corngold
smcorngold@oep.org

TROPICAL CE
June 7-17, 2012
Scotland Golf
www.tropicalce.com
sautry@tropicalce.com

UTAH OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION

June 7-10, 2012
Zermatt Resort, Midway, UT
Clive Watson
uoa@xmission.com
utaheyedoc.org

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY
19TH ANNUAL OCULAR DISEASE UPDATE
June 8-10, 2012
Chateau on the Lake Resort Spa & Convention Center, Branson, MO
918/444-4033
Beason01@nsuok.edu
http://optometry.nsuok.edu/ContinuingEducation.aspx

VIRGINIA OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
June 22-24, 2012
Williamsburg Lodge
Williamsburg, VA
Bruce Keeney
804/643-0309
www.thevoa.org

OPTOMETRY'S MEETING
June 27-July 1
Chicago, IL
www.ototmetrysmeeting.org

AOA 2012 ELECTRONIC HEALTH RECORDS PREPAREDNESS PROGRAM FOR OPTOMETRY
June 27, 2012
Optometry's Meeting – Chicago, IL
Register for courses 0875 and 0880
www.optometrysmeeting.org

AOA PRACTICE PATHWAYS – PREPARING FOR YOUR TRANSITION!
June 28, 2012
Optometry's Meeting – Chicago, IL
Register for courses 1043 and 1083
www.optometrysmeeting.org

AOA OPTOMETRY'S CAREER CENTER
June 29, 2012
Optometry's Meeting – Chicago, IL
Register for course 0205
www.optometrysmeeting.org

July

TROPICAL CE
July 1-8, 2012
Bahamas
www.tropicalce.com
sautry@tropicalce.com

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY
ADVANCED PROCEDURES – LASER THERAPY FOR THE ANTERIOR SEGMENT AND SURGICAL PROCEDURES FOR THE OPTOMETRIC PHYSICIAN
July 6-8, 2012
Northeastern State University, Oklahoma College of Optometry, Tahlequah, OK
918/444-4033
Beason01@nsuok.edu
http://optometry.nsuok.edu/ContinuingEducation.aspx

Nova Southeastern University
Therapeutic Pharmaceutical Agents Certification/Board Review Course
July 8-18, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/index.html

INDIANA OPTOMETRIC ASSOCIATION
SUMMER SEMINAR
July 11, 2012
Ritz Charles Conference Center
Carmel, IN (Indianapolis)
Bridget Sims
317/237-3560
blsims@ioa.org
www.ioa.org

COLORADO VISION SUMMIT
July 12-15, 2012
The Steamboat Grand
Steamboat Springs, CO
1-877-691-2095
cvsummit@visioncare.org
www.visioncare.org

OEP/SCO CONFERENCE
CLINICAL VISION CARE (CCVC),

SOUTHERN COLLEGE OF OPTOMETRY
July 13-15, 2012
Memphis, TN
OEP or Howard Bacon
949-250-8070
hbbacon@familyoptometry.net

NATIONAL OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
July 18-22, 2012
Toronto, Canada
877/394-2020
Noa.2020@yahoo.com
www.nationaloptometricassociation.com

PACIFIC UNIVERSITY COLLEGE OF OPTOMETRY
2012 VICTORIA CONFERENCE
July 18-22, 2012
Inn at Laurel Point
Victoria, BC, Canada
Jeanne Oliver
503/352-2740
Jeanne@pacificu.edu
www.pacificu.edu/optometry/ce

OEP CLINICAL CURRICULUM, SOUTHERN COLLEGE OF OPTOMETRY
VT/Visual Dysfunctions
July 19-23, 2012
Memphis, TN
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

Northern Rockies Optometric Conference
July 20-22, 2012
Jackson, Wyoming
Coby Ramsey, O.D.
cramsey@wyoming.com

IOWA OPTOMETRIC ASSOCIATION
IOWA OKOBOJI OPTOMETRIC MEETING
July 20-22, 2012
The Inn
3301 Lake Shore Drive
Okoboji, IA 51355
712/332-2113
877/265-4386
www.theinnatokoboji.com

FOUNDATION OF VISION THERAPY, PART 11
July 27-29, 2012
Franklin, TN
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

August

SOUTHWEST FLORIDA OPTOMETRIC ASSOCIATION
EDUCATIONAL RETREAT 2012
August 3-5, 2012
South Seas Island Resort
Sanibel Island, FL
Brad Middaugh, O.D.
239/481-7799
swfoa@att.net
www.swfoa.com

NOVA SOUTHEASTERN UNIVERSITY
SUPER SUNDAY #1
August 19, 2012

Orlando, FL
954/262-4224
oceaa@nova.edu
optometry.nova.edu/ce/index.html

September

Middle Atlantic Optometric Congress
September 6-9, 2012
Doubletree Hotel and Convention Center, Monroeville, PA
Barry Cohen, O.D.
barryc51@gmail.com

OEP CLINICAL CURRICULUM
THE ART & SCIENCE OF OPTOMETRIC CARE-A BEHAVIORAL PERSPECTIVE
September 6-10, 2012
Grand Rapids, MI
Theresa Krejci
800/447-0370
theresakrejcioep@verizon.net

COLORADO VISION TRAINING CONFERENCE
September 7-9, 2012
Estes Park, CO

NOVA SOUTHEASTERN UNIVERSITY
FALL CONFERENCE
September 8-9, 2012
Fort Lauderdale, FL
954/262-4224
oceaa@nova.edu
http://optometry.nova.edu/ce/index.html

NORTHEASTERN STATE UNIVERSITY, OKLAHOMA COLLEGE OF OPTOMETRY
FALL PRIMARY EYE CARE UPDATE
September 8-9, 2012
Northeastern State University, Oklahoma College of Optometry, Tahlequah, OK
918/444-4033
Beason01@nsuok.edu
http://optometry.nsuok.edu/ContinuingEducation.aspx

NORTHEAST CONGRESS
September 9-10, 2012
Westford, MA
Kathleen Prucnal, O.D.
978/597-5227
drkaprucnal@msn.com

ENVISION CONFERENCE 2012
September 12-15, 2012
Hilton St. Louis at the Ballpark
St. Louis, MO
info@envisionconference.org
www.envisionconference.org

South Dakota Optometric Society
Fall Conference
September 13-14, 2012
Hilton Garden Inn, Sioux Falls, SD
Deb Mortenson, Exec. Dir.
605/224-8199
Deb.mortenson@pie.midco.net
www.sdeyes.org

CE IN ITALY
September 14-16, 2012
Florence, Italy
James L. Fanelli, O.D.
910/452-7225
jamesfanelli@CEinItaly.com
www.CEinItaly.com

SOUTHWEST COUNCIL OF OPTOMETRY
SWCO MEETING
September 14-16, 2012
InterContinental Hotel, Addison, TX
Niki Bedell, M.P.H.
713/743-1856
FAX: 713/743-6541
www.swco.org

VERMONT OPTOMETRIC ASSOCIATION
ANNUAL MEETING
September 14-16, 2012
Basin Harbor Club, Vergennes, VT
David J. DiMarco, O.D.
802/524-9561
FAX: 802/524-6060
djd@nveyecare.net

CE IN ITALY
September 18-20, 2012
Tuscany Immersion: Castiglion Fiorentino
James L. Fanelli, O.D.
910/452-7225
jamesfanelli@CEinItaly.com
www.CEinItaly.com

NEBRASKA OPTOMETRIC ASSOCIATION
FALL CONFERENCE
September 21-23, 2012
Younes Conference Center
Kearney, NE
noa@AssocOffice.net
Nebraska.aoa.org

ILLINOIS OPTOMETRIC ASSOCIATION
ANNUAL CONVENTION
September 28-30, 2012
Crowne Plaza Hotel, Springfield, IL
800/933-7289
www.ioaweb.org

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– Charles B. Brownlow, OD, AOA Coding and Medical Records Consultant

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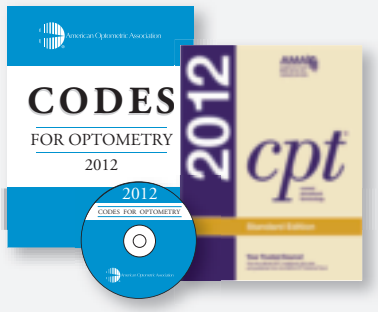

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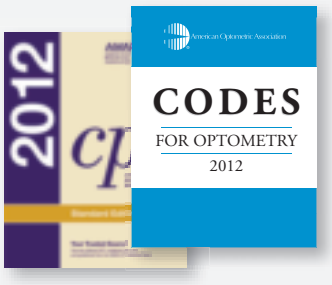

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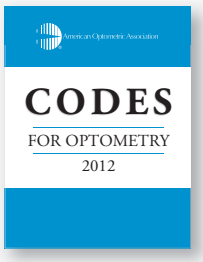
Special Member Price $140.00



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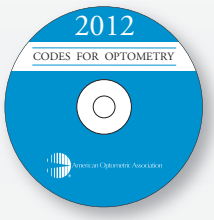

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1001 N. Grand Ave
Tahlequah, OK 74464
welchr@nsuok.edu

Ref: Position # EOOO2015 and #PPCN2001

Questions concerning the positions may be directed to Dr. Welch.

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August 3 - 5, 2012

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Total Hours 18 • 16 Hours Cope Approved

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Kim Reed, O.D., F.A.A.O.	**6 hours CE**
April Jasper, O.D., F.A.A.O.	**2 hours CE/EMR**
Dave Woods, O.D., F.A.A.O.	**2 hours CE Medical Errors**
Ron Foreman, O.D., F.A.A.O.	**2 hours CE Optometric Jurisprudence**

Information
Brad Middaugh, O.D.
1537 Brantley Rd., A-2
Fort Myers, Florida 33907
Phone: 239-481-7799
Fax: 239-481-3739
E-mail: swfoa@att.net

Registration
Prior to July 10, 2012
A.O.A members - $380
Non-members - $480
Register on line at:
www.swfoa.com
After July 10th add $50
to ALL registrations

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CLASSIFIEDS

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Optometrist Wanted- York, PA Full or part-time Optometrist wanted for a growing 3 location private practice . Full scope optometry with the latest technology including EHR. Permanent position available 3/5/2012 or after. If interested, please forward CV to tracey@weavereye.com or call Tracey at (717)741-4788 ext. 1128.

SAN LUIS OBISPO COUNTY, CA– FULL-TIME OPTOMETRIST Ophthalmology practice is seeking a dynamic, motivated, full-time optometrist with at least three years of experience. This is a multi-doctor, multi-office practice with diverse patient demographics, frequent exposure to pathology, and a high proportion of contact lens patients. This is an established MD/OD practice providing comprehensive eye care, LASIK and cataract surgery featuring the latest advanced implants; the latest treatments and surgery; including pediatric eye care to the most sophisticated diagnostic and therapeutic procedures. The practice is located in the beautiful, San Luis Obispo County; spread across the beaches, mountains, and valleys of this special part of the California Central Coast. Excellent compensation and benefits. Email CV to: estewart@paceyemd.com.

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PRACTICES FOR SALE - Washington State: Long established practice grossing $600,000 on 4.5 days/week, 40% Net. Highly desirable and accessible Island in North Puget Sound. Fully integrated EMR. **North Carolina:** Premier practice with consistent growth, gross receipts of $1,750,000 in 2010. Beautiful, spacious office with state-of-the-art equipment. **Florida-Northwest:** Grossing $490,000 annually on 4 OD days/week. Long established practice providing primary care as well as medically oriented care and co-management. Well-trained staff. Located in an economically stable region. **PRACTICES WANTED: Seattle, Los Angeles, Dallas- FW, NC Triangle. FREE PRACTICE VALUATION. 100% Financing Available. 800-416-2055 www.TransitionConsultants.com**

Waterloo, IA- Practice for Sale 319-269-8771,www.actonoptical.com, or email actop@dybb.com. $200,000 gross retail sales not including exam fees. $20,000 frame inventory, two edgers, and stock single vision lenses. Owner would like to retire.

MiscellaneousMiscellaneous

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Please look through your garage, closets, basement for all your unused books, equipment, instruments, stock frames and lenses and any items that might be of use to a Optometry school, a student or eye clinic. Instructions on how to proceed are available by going to the VOSH website (www.vosh.org) and click on Technology Transfer Program. The most desirable items that programs in developing countries need are: Trial lens kits, Battery powered hand scopes, Assorted Pliers and Optical Tools, Hand Stones for edging plastic lenses, uncut lenses (both SV and BF), Manual Lensometers, Phoropters, Lens Clocks, Color Vision Tests, Keratometers and Biomicroscopes. This list is certainly not complete but gives you an idea of some of the basic needs these developing programs can benefit from.

All items may be shipped directly to:
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Ocala, Florida 34480

Assistance with shipping cost may be available through your local Rotary or Lions Clubs. Contact www.vosh.org with any questions or email dpvc@juno.com and/or voshinternational@comcast.net.

Classified Advertising Information

Effective the January, 2012 issue onwards, Classified advertising rates are are as follows: 1 column inch = $75 (40 words maximum) 2 column inches -$125 (80 words maximum) 3 column inches = $165 (120 words maximum). This includes the placement of your advertisement in the classified section of the AOA Member Web site for two weeks. An AOA box number charge is $30.00 and includes mailing of responses. The envelope will be forwarded, unopened, to the party who placed the advertisement. Classifieds are not commissionable.All advertising copy must be received by e-mail at t.peppers@elsevier.com attention Tracie Peppers, Classified Advertising. You can also mail the ads to Elsevier, 360 Park Avenue South, 9th floor, New York, NY 10010.

Advertisements may not be placed by telephone. Advertisements must be submitted at least 30 days preceding the publication. All ad placements must be confirmed by the AOA – do not assume your ad is running unless it has been confirmed. Cancellations and/or changes MUST be made prior to the closing date and must be made in writing and confirmed by the AOA. No phone cancellations will be accepted. Advertisements of a "personal" nature are not accepted. The AOA NEWS publishes 18 times per year(one issue only in January, June, July, August, November, and December, all other months, two issues.) and posting on the Web site will coincide with the AOA NEWS publication dates. Call Traci Peppers - Elsevier ad sales contact - at 212.633.3766 for advertising rates for all classifieds and showcase ads.

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*AIR OPTIX® AQUA (lotrafilcon B) contact lenses: Dk/t = 138 @ -3.00D. **Prior to evaluation, 100% fit AIR OPTIX® AQUA contact lenses and 85% indicated AIR OPTIX® AQUA contact lenses were their preferred SiHy lens for new fits. †Successful conversion defined as the patient received a prescription for or purchased AIR OPTIX® AQUA contact lenses. ††Compared to ACUVUE^ OASYS^, ACUVUE^ ADVANCE^, PureVision^, Biofinity^, and Avaira^ contact lenses. ‡Compliance with manufacturer-recommended replacement frequency. ^Trademarks are the property of their respective owners.

Important information for AIR OPTIX® AQUA (lotrafilcon B) contact lenses: For daily wear or extended wear up to 6 nights for near/far-sightedness. Risk of serious eye problems (i.e. corneal ulcer) is greater for extended wear. In rare cases, loss of vision may result. Side effects like discomfort, mild burning or stinging may occur.

References: 1. Based on a post-launch evaluation in which 88 eye care practitioners refit over 400 patients in AIR OPTIX® AQUA contact lenses. Alcon data on file, 2011. **2.** Nash W, Gabriel M, Mowrey-Mckee M. A comparison of various silicone hydrogel lenses; lipid and protein deposition as a result of daily wear. *Optom Vis Sci*. 2010;87:E-abstract 105110. **3.** Compared to HEMA contact lenses; based on the ratio of lens oxygen transmissibilities; Alcon data on file, 2010. **4.** Dumbleton K, Richter D, Woods C, et al. Compliance with contact lens replacement in Canada and the United States. *Optom Vis Sci*. 2010;87(2):131-139. **5.** Compared to 2-week replacement lenses; based on self-reported lens replacement time and third-party industry pricing information; Alcon data on file, 2012.

See product instructions for complete wear, care, and safety information.

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Reference: 1. Ciba Vision data on file, 2011.

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